



# TRANSPORTATION RISK SERVICES LLC

## Agency Survey

<b>Agency Name:</b>	
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<b>Address:</b>	<b>Mailing Address:</b>

<b>Telephone:</b>		<b>Fax:</b>	
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<b>Email:</b>		<b>FEIN:</b>	
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Year Agency Established  Web Address:

### During the Past 5 years:

- Has the name of the agency changed? Yes  No   
 Has the agency been sold/acquired? Yes  No   
 Has the agency merged with another? Yes  No  (If yes, attach details)

**Type of Company:** Sole Proprietor  Partnership  Corporation  Public Entity

Ownership:	Name:	Title:	Years in Industry:	Year Started with Agency:	% of Ownership

Has the agency or any of its principals ever been found guilty of, or been fined for any violations of law or had any errors & omissions and claims either paid by the insurance company or by the agency?

Yes  No  If yes, please attach a full description of event(s).

Contacts	Name	Phone Number	Email Address
Accounting			
Claims			

**Who will be the main contact for TRS?**

Name	Title	Phone Number	Email Address

**List the Personnel that will be marketing and producing business for TRS:**

Name	Title	Phone Number	Email Address

**Operations**

Please advise the operational percentages below:

Retail	%	Wholesale/MGA	%
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**Premium Volume by Line of Business for Truck**

Auto Liability	\$	Cargo	\$
Physical Damage	\$	General Liability	\$
Excess Liability/Umbrella	\$	Workers Compensation	\$

**Errors & Omissions Coverage**

Carrier		Policy#	
Policy Term		Limit	
Deductible			

**\*\*Please provide a copy of the Agency's current in-force E&O policy declaration's page.**

**Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_**