



# Blackmoor General Agency LLC

## AGENCY QUESTIONNAIRE

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Toll-Free No: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

Corporation:  Partnership:  Individual:

### Principals, Partners or Corporate Officers:

*Name & Title*

*Home Address*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### Employees Who Are Licensed Agents:

*Name*

*Type of License & Number*

*States(s)*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

*(Use additional sheet, if necessary)*

### Agency Profile:

|   | <i>Current Year</i> | <i>Previous Year</i> | <i>2nd Previous Year</i> |
|---|---------------------|----------------------|--------------------------|
| Total Agency Volume (all lines)               | _____               | _____                | _____                    |
| Trucking Liability Premium Volume             | _____               | _____                | _____                    |
| Total Physical Damage Premium Volume          | _____               | _____                | _____                    |
| Total Non-Trucking Liability Premium Volume   | _____               | _____                | _____                    |
| Trucking Occupational Accident Premium Volume | _____               | _____                | _____                    |
| Please list your primary states of operation  | _____               |                      |                          |

**Please list your Top 5 Markets** (largest to smallest in premium volume)

|  | 1.    | 2.    | 3.    | 4.    | 5.      |
|--|-------|-------|-------|-------|---------|
| Total Volume:  | _____ | _____ | _____ | _____ | _____   |
| Truck Physical Damage Volume:  | _____ | _____ | _____ | _____ | _____   |
| <i>PD current Year Loss Ratio:</i>   | _____ | _____ | _____ | _____ | _____   |
| NTL Volume:  | _____ | _____ | _____ | _____ | _____   |
| <i>NTL current Year Loss Ratio:</i>  | _____ | _____ | _____ | _____ | _____   |
| Current Year Loss Ratio for Physical Damage and Non-Trucking Liability (all companies combined): |       |       |       |       | _____ % |

**Type of Trucking Business Written in Your Agency**

|                              |         |                             |         |
|------------------------------|---------|-----------------------------|---------|
| Owner-Operator (Power Units) | _____ % | Fleet Risks (5-25 Tractors) | _____ % |
| Company-Owned Equipment      | _____ % | Company-Owned Equipment     | _____ % |
| <i>Total to equal</i>        | 100%    | <i>Total to equal</i>       | 100%    |

**Miscellaneous Information**

Has an Insurance Company ever cancelled your Agency Contract?  Yes  No  
 If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your Agency maintain a separate trust account? Yes \_\_\_\_\_ No \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

Please fax, mail, or scan all necessary documents.

1. E&O Declaration Page
2. Copy of state license(s) for each agent

Agent or Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_