

PHYSICAL DAMAGE: _____

CARGO: _____

WORKMANS COMP: _____

NON TRUCKING LIABILITY: _____

13. LIST TOP FIVE (5)* INSURANCE COMPANIES OR AGENCIES IN ORDER OF VOLUME WITH WHICH YOU PLACE TRUCK INSURANCE COVERAGE:

NAME	WRITTEN PREMIUM	LOSS RATIO	BINDING CONTRACT (Y/N)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

*INCLUDE 3 YEARS COMPANY EXPERIENCE AND INTERNAL PRODUCTION "BY COMPANY" REPORTS FOR LAST 2 YEARS.

NAME & TELEPHONE NUMBER OF INSURANCE COMPANY OFFICER(S) TO CONTACT:

14. DO YOU BROKER FOR ANY OTHER AGENTS? _____ IF SO, DESCRIBE HERE: _____

15. NUMBER OF TOTAL STAFF: _____

16. GIVE A BREAKDOWN OF TOTAL STAFF: (ATTACH LIST OF PERSONNEL)

A. NUMBER OF ACTIVE PARTNERS, DIRECTORS, OFFICERS, OWNERS: _____

B. NUMBER OF TRUCK PRODUCERS: (NOT INCLUDED IN A) _____

C. NUMBER OF OTHER EMPLOYEES: _____

17. LIST E & O COVERAGE FOR THE LAST YEAR: IF NONE, SO INDICATE

INSURER: _____

POLICY NUMBER: _____

LIMITS OF LIABILITY: _____

POLICY TERM: _____

18. HAVE ANY CLAIMS BEEN MADE DURING THE PAST THREE YEARS AGAINST YOUR AGENCY? _____

IF YES, ATTACH A STATEMENT GIVING DETAILS AND STATUS OF EACH CLAIM, INCLUDING DATES, AMOUNT OF CLAIM, DEDUCTIBLE PAYMENTS AND OPEN RESERVES.

19. NAME AND LOCATION OF BANK(S) THAT HANDLE YOUR BUSINESS ACCOUNTS:

20. HOW MUCH PREMIUM DO YOU FEEL YOU CAN GIVE STRATEGIC?

FIRST YEAR: _____

THIRD YEAR: _____

21. PLEASE ATTACH A COPY OF YOUR LATEST FINANCIAL STATEMENT.

22. ATTACH INFORMATION REGARDING THE PROFESSIONAL HISTORY OF OWNER(S) AND PRINCIPALS:.

RETURN TO:

STRATEGIC INSURANCE UNDERWRITERS

5560 Broadcast Court

SARASOTA, FL 34240

(TEL) 941-753-3100

(FAX) 941-753-6531

SIGNATURE OF PRINCIPAL

TITLE

DATE