



Agency Profile

Please return to:
correspondence@tiexperts.com

Agency Overview

Agency Name:

Address:

Phone:

Fax:

Mailing

Address:

Year Agency Established:

Website:

During the Past 3 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 ☐

Organization: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐

Taxpayer ID Number or Social Security No:

Branch Offices:

or other affiliates

(Attach separate document if necessary)

Are you a member of any aggregator, agency network, or cluster group? Yes ☐ No ☐

If yes please list the group you are a member of:

Contacts

Name:

Phone Number:

Email Address:

Accounting:

Licensing:

Endorsements:

Claims:

Renewals:

Main contact for TIE:

Title:

Phone Number:

Email Address:

Name:

List the Personnel that will be marketing & producing business for TIE

Title:

Phone Number:

Email Address:

Name:

Name:

Name:

Name:

Operations

Do you operate exclusively as a retail broker?

Yes No

If No, do you operate as a Wholesale Broker?

Yes No

Please advise the percentage of your business in each category:

% Retail % Wholesale

% Fleet % Non-Fleet

List the States you write in:

Is your Agency also Licensed? Yes No

Where do you source your business?

How did you hear about TIE?

Sales Volume

Please provide the Agency’s total premium volume & transportation premium for this year & the past 3 years, as well projections for the next year.

Year:	Total Agency Premium:	Transportation Premium:
2025 Projections		
Current YTD		
2024		
2023		
2022		

Please list the top 5 property & casualty companies with whom you place insurance:

Company Name	Access via MGA or Direct?	If MGA, how accessed?	Years Represented	Trucking Accounts Premium	Loss Ratio %
	MGA DIR				
	MGA DIR				
	MGA DIR				
	MGA DIR				
	MGA DIR				

Premium Volume by Line of Business for Trucking

Auto Liability	
Automobile Physical Damage	
Motor Truck Cargo	
General Liability	
Excess Liability/ Umbrella	
Worker’s Compensation	

Estimated Production with TIE

	Current Year	Next Year
New Business		
Existing Renewals		
Book move opportunity if any in Agency		
Total		

Where is the new & transfer business coming from & why? What is the loss ratio? _____

Please describe the role that TIE will play in your overall business operation.

Accounting

Bank Reference: _____

Address: _____

Phone: _____

**Premium Trust
Account # (s)** _____

Bank Contact: _____

**Bank Contact
Phone Number:** _____

Will all accounting issues be handled by principal agency location (listed on page 1 of Survey)? If no, please describe:

Does your agency agree to furnish TIE with financial statements upon request?

Yes ☐

No ☐

Errors & Omissions Coverage

Carrier

Policy #

Policy Term

Limit

Deductible

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

Has your agency changed had any E & O Claims in the last 5 years?

Yes ☐

No ☐

Has your agency had any judgments or liens filed, paid or dismissed in last 5 years?

Yes ☐

No ☐

Has any principals ever been found guilty, or pled no contest to a crime other then a traffic infraction?

Yes ☐

No ☐

Has any of your producers been censured for anything other then failure to complete CE course?

Yes ☐

No ☐

If any responses are yes, please provide a full description of event(s)

AUTHORIZATION TO OBTAIN INFORMATION

I/We hereby authorize Transportation Insurance Experts, (TIE) or its assigns to verify the accuracy of the information contained in the information provided and to obtain business information regarding credit history from banks, creditors, credit reporting companies and references listed on this survey. Such information, along with this survey, shall remain the property of TIE. This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with TIE. A photocopy of the authorization will be as valid as the original.

Notice: If your application for business is denied, you have the right to a statement of the specific reasons for denial. Please contact TIE in writing within 60 days from the date you are notified of the decision. A written statement of reasons for denial will be provided within 30 days of receiving your request.

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE; BECAUSE ALL OR PART OF THE APPLICANT’S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THE CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20580.

Printed Name

Title

Signature

Date