

**TIP NATIONAL, LLC**  
1900 NW Expressway, Suite 860  
Oklahoma City, OK 73118  
405-848-8888  
877-848-8883

**CONFIDENTIAL AGENCY PROFILE  
AND SPECIALTY PROGRAM BUSINESS SURVEY**

**A. AGENCY INFORMATION:**

- 1.) Name of Agency: \_\_\_\_\_
- 2.) Physical Address: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_
- 3.) Mailing Address: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_
- 4.) Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- 5.) Email Address: \_\_\_\_\_ Website: \_\_\_\_\_
- 6.)  Individual  Partnership/LLC Social Security Number: \_\_\_\_\_  
 Corporation Federal Identification Number: \_\_\_\_\_

**B. BACKGROUND:**

- 1.) What date was your business established: \_\_\_\_\_
- 2.) During the past five (5) years has the Agency acquired or merged with another firm, or has the firm changed its name:  
 YES  NO If yes, please describe: \_\_\_\_\_
- 3.) Is the Agency engaged in, owned by, associated or affiliated with, or controlled by any other business interest:  
 YES  NO If yes, please describe: \_\_\_\_\_

4.) Is the Agency engaged in any brokered or sub-produced business with an outside producer or agency:

YES     NO    If yes, please describe: \_\_\_\_\_

5.) Are you a member of:     IIAA     PIA     Other (Please describe below)

\_\_\_\_\_

**C. PRINCIPALS & PERSONNEL:**

1.) Total number of employees at primary location:    \_\_\_\_\_ Current Year    \_\_\_\_\_ Previous Year

2.) Total number of employees at other locations:    \_\_\_\_\_ Current Year    \_\_\_\_\_ Previous Year

3.) List all other locations: \_\_\_\_\_

4.) List Principals/Officers/Brokers (List in order of % of ownership):	Started	Started	% of
	Owner	in Ins.	w/Agency
	Title		

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. OPERATIONS:**

1.) List the states in which your agency holds resident licenses and wishes to write business:

\_\_\_\_\_

2.) List the states in which your agency holds non-resident licenses and wishes to write business:

Please Note: Nevada is a countersignature state, and you cannot write business in Nevada unless you are a RESIDENT licensed and appointed agent.

\_\_\_\_\_

**E. CURRENT PREMIUM VOLUME & DISTRIBUTION:**

1.) What is the approximate annual premium volume of the agency: \_\_\_\_\_

2.) Give breakdown of the approximate annual premium volume as follows:

Commercial Auto \_\_\_\_\_ Commercial Property \_\_\_\_\_

Commercial Liability \_\_\_\_\_ Other \_\_\_\_\_

3.) List major insurance companies in order of premium volume:

Name	Years Represented	Annual Volume	Ratio	Loss (If yes, answer #4)	Binding Authority
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/>
	NO				
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/>
	NO				
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/>
	NO				
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/>
	NO				

4.) Describe scope of your binding authority, i.e., limit of authority, lines of insurance, etc.:

\_\_\_\_\_

5.) Describe claims handling procedures:

\_\_\_\_\_

6.) List companies you have discontinued using in the past five years:

\_\_\_\_\_

**F. ANTICIPATED PRODUCTION TO THE TIP NATIONAL, LLC PROGRAMS:**

1.) Volume of premium will come from the following sources:

	Transportation	Other
a) New Business	_____	_____
b) Transfer from current companies	_____	_____

c) Transfer from discontinued companies \_\_\_\_\_

Describe - Other: \_\_\_\_\_

2.) Please attach any loss experience you have available on your total agency book by company and your Specialty Program business for the past five (5) years. If none, state the reason:

\_\_\_\_\_

3.) If necessary, who can we contact to obtain loss histories:

\_\_\_\_\_

Contact Name	Phone Number
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**G. FINANCIAL INFORMATION:**

1.) Name of Accounting Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2.) Bank Reference: \_\_\_\_\_

Name \_\_\_\_\_ Trust Account # \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Trust Account # \_\_\_\_\_ Other \_\_\_\_\_

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

Bank Contact: \_\_\_\_\_

3.) Do you maintain fidelity coverage for any officers or employees?  YES  NO

If yes, please indicate the following:

Insurance Company: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Expiration: \_\_\_\_\_

4.) Do you maintain current Errors & Omission Coverage:  YES  NO

If yes, please indicate the following (attach copy of DEC page and 30-day certificate to TIP National, Inc.):

Insurance Company: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Expiration: \_\_\_\_\_

5.) Has any member of your agency received disciplinary action by a State Insurance Department or other Regulatory Authority?

YES  NO If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

6.) Has there been any litigation or judgment within the past five (5) years, exceeding \$10,000 against your agency or any of the principals?

YES  NO If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

7.) Is there any pending or threatened litigation or judgment against the Agency or any of the principals?

YES  NO If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

H. GENERAL OUTLOOK:

1.) Which of the TIP National, LLC Programs is your agency interested in:

Auto Liability  Workers' Compensation

Physical Damage  Other - explain

Cargo

2.) Describe how the TIP National, LLC Program would be handled in your Agency and what importance would be put on our contract as opposed to your other specialty markets, e.g., would we be considered your primary market? Is there any coverage or risk you would not write with us?

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3.) Describe the present market conditions in your area for the TIP National, LLC Program(s) you wish to market:

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4.) Who is the competition: \_\_\_\_\_

5.) What are the average rates per vehicle, by radius, by line of coverage?

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6.) Do you see any change developing in markets or rates; unique coverages being offered:

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7.) What have been the most successful marketing techniques in your area for reaching your target for the transportation business? Also, please describe anything you do that you feel is unique:

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8.) Please supply any other information you feel might be of interest to us in considering your agency, e.g., anticipated future plans of your company or plans specifically related to our program.

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I. AUTHORIZATION:

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete and accurate with no misrepresentations, omissions, or any other concealment of fact.

BE SURE TO INCLUDE COPIES OF THE FOLLOWING DOCUMENTS TO BE CONSIDERED FOR APPOINTMENT:

Application	Fidelity Declaration Page/Certificate
Loss History	Financial Statement (current & one-year prior)
Agency License	Agent's License*
Biographies of Agency's key personnel	W-9 Completed & Signed
E&O Declaration Page (& 30-day certificate to TIP National, LLC)	

\*All agents you wish to be authorized to submit applications on your behalf.

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Print Name of Applicant

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Signature of Applicant

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Title of Applicant

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Date of Application