

AGENCY/BROKER PROFILE

Please type your answers. Use a separate sheet, if necessary. Thank you for your interest in Carolina Casualty.

A. GENERAL INFORMATION

1. NAME OF FIRM: _____

2. PRINCIPAL ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)

3. MAILING ADDRESS: _____

(STREET) (CITY) (STATE) (ZIP)

4. PHONE: _____ FAX: _____ 800: _____ WEBSITE ADDRESS: _____

5. TYPE OF ENTITY: CORPORATION PARTNERSHIP INDIVIDUAL **FEDERAL ID #** _____

6. PLEASE LIST/ATTACH ALL BRANCH LOCATIONS & STATES, if any:

B. BACKGROUND

1. YEAR BUSINESS ESTABLISHED: _____

2. DURING THE PAST FIVE YEARS HAS THE FIRM ACQUIRED/MERGED WITH ANOTHER FIRM OR HAS THE FIRM CHANGED NAMES?

YES NO

IF YES, PLEASE DESCRIBE:

3. IS FIRM ENGAGED IN, OWNED BY, ASSOCIATED OR AFFILIATED WITH, OR CONTROLLED BY ANY OTHER BUSINESS INTEREST?

YES NO

IF YES, PLEASE EXPLAIN:

4. ARE YOU A MEMBER OF: ATA TCA NAPSLOC AAMGA UMA ABA
APTA NLA NSTA OTHERS

IF OTHERS, PLEASE LIST:

C. PRINCIPALS AND PERSONNEL

BREAKDOWN OF PRODUCER’S STAFF (Number):

Current Year

Prior Year

PRINCIPALS, PARTNERS, OWNERS:

OFFICERS, MANAGERS:

BROKERS (Other than above):

UNDERWRITERS:

OTHER EMPLOYEES:

TOTAL STAFF:

1. PRINCIPALS, OFFICERS, BROKERS – LIST IN ORDER OF PERCENTAGE OF OWNERSHIP:

| NAME | TITLE OR POSITION | YEAR STARTED IN INSURANCE | YEAR STARTED WITH PRODUCER | PERCENT OWNERSHIP |
|-------|-------------------|---------------------------|----------------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

D. OPERATIONS

1. DOES YOUR FIRM OPERATE AS A WHOLESALER, MGA, RETAILER OR COMBINATION?

_____% RETAIL _____% WHOLESALE BROKERAGE _____% MGA BINDING AUTHORITY

2. HOW IS YOUR ORGANIZATION LICENSED, I.E., EXCESS AND SURPLUS LINES BROKER, REINSURANCE INTERMEDIARY, OR OTHER INSURANCE/REINSURANCE ORGANIZATION?

3. PLEASE LIST THE STATES WHERE YOU WILL WRITE TRUCKING OR PUBLIC AUTO BUSINESS WITH CAROLINA CASUALTY AND ARE LICENSED IN THAT STATE:

E. PREMIUM VOLUME & DISTRIBUTION

1. YOUR TOTAL VOLUME OF BUSINESS:

COMMERCIAL AUTO (Liability)

PRIOR YEAR

CURRENT YEAR

NEXT YEAR

Large Fleet Truck
(50 to 250 power units)

X-Large Fleet Truck
(250+ power units)

Business Auto

Public Auto

Charter

School

Transit

Limousines

Other:

COMMERCIAL AUTO (Physical Damage)

PRIOR YEAR

CURRENT YEAR

NEXT YEAR

Large Fleet Truck
(50 to 250 power units)

X-Large Fleet Truck
(250+ power units)

Business Auto

Public Auto

Charter

School

Transit

Limousines

Other:

PRIOR YEAR

CURRENT YEAR

NEXT YEAR

CARGO

GENERAL LIABILITY

EXCESS & UMBRELLA

WORK COMP & OCC ACC

PROPERTY

O/O NTAL / PHYSICAL DAMAGE

Other, please describe:

2.LIST YOUR MAJOR INSURANCE COMPANIES IN ORDER OF PREMIUM VOLUME:

| NAME | YEARS REPRESENTED | ANNUAL VOLUME | LOSS RATIO | BINDING AUTHORITY (YES / NO) | NUMBER OF YEARS |
|-------------|--------------------------|----------------------|-------------------|-------------------------------------|------------------------|
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3. DESCRIBE THE SCOPE OF BINDING AUTHORITY, I.E., LIMIT OF AUTHORITY, LINES, ETC.:

| | |
|---|--------|
| 4. COMPANIES DISCONTINUED IN THE LAST FIVE YEARS: | |
| 5. DO YOU ADJUST CLAIMS FOR ANY COMPANIES YOU REPRESENT? IF YES, PLEASE EXPLAIN: | YES NO |
| 6. DESCRIBE ANY SAFETY OR LOSS CONTROL SERVICES PROVIDED BY YOUR ENTITY: | |

F. PRODUCTION TO COMPANY

ANTICIPATED PREMIUM \$ VOLUME TO CAROLINA CASUATLY WILL COME FROM THE FOLLOWING SOURCES:

| | 50 to 250 TRUCK FLEETS | 250 & above TRUCK FLEETS | PUBLIC AUTO |
|---------------------------------------|------------------------------|--------------------------------|-------------|
| 1. NEW BUSINESS | | | |
| 2. TRANSFER FROM CURRENT COMPANY | _____ | _____ | _____ |
| 3. TRANSFER FROM DISCONTINUED COMPANY | _____ | _____ | _____ |
| 4. TOTAL (1+2+3) | _____ | _____ | _____ |
| COMMENTS: | _____ | _____ | _____ |

G. FINANCIAL INFORMATION

IF NOT HANDLED BY MAIN OFFICE, PROVIDE ADDRESS:

1. ADDRESS:

(STREET) (CITY) (STATE) (ZIP)

(PHONE) (FAX) (EMAIL ADDRESS)

2. NAME OF ACCOUNTING CONTACT:

3. BANK REFERENCE:

NAME:

TRUST ACCOUNT #:

OTHER:

BANK CONTACT:

PHONE:

4. DO YOU MAINTAIN FIDELITY COVERAGE? ARE OFFICERS COVERED? YES NO
IF YES, PROVIDE THE FOLLOWING:

INSURANCE COMPANY:

POLICY LIMITS:

POLICY DEDUCTIBLE:

EXPIRATION DATE:

5. DO YOU MAINTAIN E & O COVERAGE? YES NO IF YES, PROVIDE THE FOLLOWING:

INSURANCE COMPANY:

POLICY LIMITS:

POLICY DEDUCTIBLE:

EXPIRATION DATE:

6. HAS ANY MEMBER OF YOUR FIRM RECEIVED ANY DISCIPLINARY ACTION BY A STATE INSURANCE DEPARTMENT OR OTHER REGULATORY AUTHORITY? YES NO

IF YES, EXPLAIN:

7. IS THERE ANY PENDING OR THREATENED LITIGATION OR JUDGEMENTS WITHIN THE PAST FIVE YEARS EXCEEDING \$10,000 AGAINST THE AGENCY/ BROKER OR ANY OF ITS PRINCIPALS? YES NO

IF YES, EXPLAIN:

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 CONCEALMENT OF FACT.

SIGNATURE OF APPLICANT:

TITLE OF APPLICANT:

DATE OF SIGNATURE:

Please return this completed profile to us via email or U.S. mail.

Email: agentappt@carolinacas.com

Mailing address:

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Jacksonville, FL 32203

Attn: Wendy Rhodes

Phone: 800-874-8053