  
P.O. Box 2575  
Jacksonville, FL 32203

800-874-8053

**AGENCY/BROKER PROFILE**

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

1. **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: | | | | |

1. **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  OTHERS | |
| IF OTHERS, PLEASE LIST: | |

1. **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** |
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1. **OPERATIONS**

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| --- | --- | --- | --- |
| 1. DOES YOUR FIRM OPERATE AS A WHOLESALER, MGA, RETAILER OR COMBINATION? | | | |
| % RETAIL | % WHOLESALE BROKERAGE | | % MGA BINDING AUTHORITY |
|  | |  | |
| 1. HOW IS YOUR ORGAINZATION LICENSED, I.E., EXCESS AND SURPLUS LINES BROKER, REINSURANCE INTERMEDIARY, OR OTHER INSURANCE/REINSURANCE ORGANIZATION? | | | |
|  | |  | |
| 1. PLEASE LIST THE STATES WHERE YOU WILL WRITE TRUCKING BUSINESS WITH CAROLINA CASUALTY AND ARE LICENSED IN THAT STATE: | | | |
|  | |  | |
| 1. IF YOU ARE AN MGA, DO THE RETAIL AGENTS/BROKERS FOR WHOM YOU PLACE BUSINESS   SIGN A CONTRACT REGARDING SUBMISSION OF BUSINESS AND PAYMENT OF PREMIUM?    YES  NO    IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT. | | | |
|  | |  | |

1. **PREMIUM VOLUME & DISTRIBUTION**
2. 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 | | |  |  |  |  |  |
| 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 | | |  |  |  |  |  | |
| Other: |  |  |  |  |  |  | |  |
|  | | |  |  |  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | PRIOR YEAR |  | CURRENT YEAR |  | | NEXT YEAR |
| **CARGO** | |  |  |  |  | |  |
|  | |  |  |  |  | |  |
| **GENERAL LIABILITY** | |  |  |  |  | |  |
|  | |  |  |  |  | |  |
| **EXCESS & UMBRELLA** | |  |  |  |  | |  |
|  | |  |  |  |  | |  |
| **WORK COMP & OCC ACC** | |  |  |  |  | |  |
|  | |  |  |  |  | |  |
| **PROPERTY** | |  |  |  |  | |  |
|  | |  |  |  |  | |  |
| **O/O NTAL / PHYSICAL DAMAGE** | |  |  |  |  | |  |
|  | |  |  |  |  | |  |
| Other, please describe: |  | | | | |
|  | |  |  |  |  | |  |

1. 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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| 1. DESCRIBE THE SCOPE OF BINDING AUTHORITY, I.E., LIMIT OF AUTHORITY, LINES, ETC.: | |
|  | |
| 1. COMPANIES DISCONTINUED IN THE LAST FIVE YEARS: | |
| 1. DO YOU ADJUST CLAIMS FOR ANY COMPANIES YOU REPRESENT?   IF YES, PLEASE EXPLAIN: | YES  NO |
|  | |
| 1. DESCRIBE ANY SAFETY OR LOSS CONTROL SERVICES PROVIDED BY YOUR ENTITY: | |

1. **PRODUCTION TO COMPANY**

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

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

1. **FINANCIAL INFORMATION**

IF NOT HANDLED BY MAIN OFFICE, PROVIDE ADDRESS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. ADDRESS: |  |  |  |  |
|  | (STREET) | (CITY) | (STATE) | (ZIP) |
|  |  |  |  |  |
|  |  |  |  | |
|  | (PHONE) | (FAX) | (EMAIL ADDRESS) | |
|  |  |  |  | |
| 1. NAME OF ACCOUNTING CONTACT: |  | | | |
|  |  |  |  | |

1. 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.***

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Mailing address:

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Jacksonville, FL 32203

Attn: Wendy Rhodes

Phone: 800-874-8053