



1100 East Jasmine, Ave
McAllen, Tx 78501
956-433-3983

Trucking Agent Questionnaire

Date: _____

Agency Information

Agency Name: _____

DBA: _____

Corporation Partnership Individual Limited Liability Company

Owner's First Name: _____ Owner's Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Agency Details

Years Agency has been in Business: _____ Years Agency has been writing transportation: _____
(Minimum 2 years) (Minimum 2 years)

Total Agency Transportation Premium Volume: _____

Estimated Premium Volume Commitment: _____
(Minimum \$250,000 Annual Commitment)

Number of Producers: _____ States Agency Writes Business: _____

Other Lines of Business Does the Agency Specialize in: _____

Current Liability Carriers	Premium Volume	Loss Ratio	Direct or MGA
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Current Cargo/Phys. Dam Carriers	Premium Volume	Loss Ratio	Direct or MGA
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Agency Concerns/Problems With your Current Markets: _____

Notes: _____

For Internal Use Only: Approved: _____ Not Approved: _____