

Mover's Choice Insurance Program

1827 Clay Street

Napa, CA 94559

(800) 852-1968

AGENCY QUESTIONNAIRE

Agency Name: _____

Agency Address: _____

Mailing Address (If different than above): _____

Telephone Number: _____ Fax Number: _____

Principal's License #: _____ Expiration Date: _____

(Attach Copies of State P&C Agency & Individual Insurance Licenses)

Corporation

Partnership

Individual

Agency Federal Tax ID Number: _____

Year Business Established: _____

States where licensed: _____

List All Branch Offices: _____

Has any license of agency or principle ever been revoked or suspended? Yes No

If "Yes", please explain. _____

Financial Information

Banking References : Bank Name: _____
 Phone #: _____
 Contact Name: _____

Name of Agency Accounting Contact: _____
Phone Number: _____

Annual Volume

Transportation: _____ Non-Transportation: _____

Transportation Experience Questionnaire

- Does your agency currently specialize in the transportation industry? (Trucking and/or Moving & Storage)?
- Who is your transportation team leader?
- What percentage of your current book of business is transportation related? %
- How many producers do you have dedicated to the transportation industry?
- Does your agency currently sell a Moving & Storage Commercial Package Program (i.e. Property, GL, Auto, Cargo, Warehouse, and Workers' Compensation)? (If yes, indicate the program and premium volume)
- How would you rate your agency's ability to sell our Moving & Storage program?

EXCELLENT GOOD FAIR POOR

What is your agency's premium goal for this program over the next six months? _____

INFORMATION NEEDED

1. PLEASE ENCLOSE A BROCHURE OR A LETTER GIVING A HISTORY AND BACKGROUND OF YOUR AGENCY.

#2. PLEASE SUBMIT A COPY OF YOUR AGENCY LICENSE AND DECLARATION PAGE OF E&O POLICY.