



XPT Specialty Agency Profile

A. TELL US ABOUT YOUR AGENCY

All questions must be answered. Write "N/A" if not applicable to your agency.

1. Agency Name and DBA:

Principal(s):

Phone: _____ Fax: _____ E-Mail: _____

Address:

City: _____ State: _____ Zip: _____

2. Name & email addresses of employees in your agency who handle the following (or provide a list):

Commercial CGL: _____ Email: _____

_____ Email: _____

Property: _____ Email: _____

_____ Email: _____

Commercial Auto/Truck Insurance: _____ Email: _____

_____ Email: _____

Professional Liability: _____ Email: _____

_____ Email: _____

Accounting: _____ Email: _____

_____ Email: _____

Other (describe): _____ Email: _____

_____ Email: _____

3. List three insurance company appointments you have with admitted licensed insurers:



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B. TELL US ABOUT THE BUSINESS YOU PLACE WITH COMPANIES & WHOLESALERS

4. Top five wholesalers used & premium volume:

a.		Premium	
b.		Premium	
c.		Premium	
d.		Premium	
e.		Premium	

C. TELL US ABOUT THE BUSINESS YOU PLACE WITH CARRIERS & WHOLESALERS, continued

5. Top three carriers used & premium volume:

a.		Premium	
b.		Premium	
c.		Premium	
d.		Premium	
e.		Premium	

6. Specialties or programs with wholesalers:

7. Estimated annual volume with XPT:

This year: _____ Next year: _____

8. How did you learn about XPT:

Trade Ad Referral Prior experience WSIA Other

D. SIGNED AND COMPLETED AGENCY CONTRACT ATTACHED? Yes No



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E. PREMIUM TRUST ACCOUNT

9. Do you have a premium trust account? Yes No

F. NAME OF XPT OFFICE AND/OR BROKER YOU WISH TO WORK WITH:

Signature of Agency Principal

Date

By your signature on this Profile and on the Agency Contract, you are requesting an appointment with XPT Partners, LLC and you acknowledge your understanding of the terms stated in the Premium Agreement.