

## AGENCY PROFILE

---

Thank you for your interest in working with Gold American Risks (GAR). Please respond to the following questions. Email your agency profile to [santiago@goldamericanrisks.com](mailto:santiago@goldamericanrisks.com) and attach any additional documentation necessary.

We will review your information and provide a response as soon as possible. If you are approved to be a GAR partner, we will need additional information.

### CONTACT INFORMATION

Agency legal name: \_\_\_\_\_ DBA: \_\_\_\_\_

Physical business address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

FEIN: \_\_\_\_\_ Website: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### List agency principal and key contacts who will provide submissions:

Name	Title

### ABOUT YOUR BUSINESS

Year business established: \_\_\_\_\_

Has your agency operated under a different name in the last five years? If so, please list the name below.

--

Which states are you licensed to do business in?

--

Does your agency have multiple office locations? If so, please list the locations below.

--

List any professional affiliations / associations.

--

**PREMIUM VOLUME**

Please indicate your approximate premium volume by a percentage:

Commercial non-fleet trucking (1-10 power units)	
Commercial fleet trucking (11+ power units)	
Public auto	
Commercial auto	
Personal lines	

How much premium do you anticipate you could write with GAR? \_\_\_\_\_

**PARTNERSHIPS**

Which wholesalers / managing general agents are you working with?

Wholesaler / MGA	Annual premium placed	Lines of business

Are you directly appointed with any insurance carriers? If so, please list them below.

Is your agency involved in any strategic partnerships with other business entities? If yes, please describe the partnership.

Have you lost any commercial companies? If so, please provide company name, volume, and reason.

**FINANCIAL INFORMATION**

- Accounting address, if different: \_\_\_\_\_
- Contact: \_\_\_\_\_ Email: \_\_\_\_\_
  
- Indicate E & O Carrier (attach a copy of Declarations Page)
- Company: \_\_\_\_\_ Limit: \_\_\_\_\_
- Policy #: \_\_\_\_\_ Expiration-date: \_\_\_\_\_
- How many E & O claims have you or your agency had in the past 5 years? If any, describe below  
\_\_\_\_\_
  
- Has any E & O insurance ever been cancelled or increased due to claims activity/poor loss results?  Yes  No  
If yes, what years? \_\_\_\_\_
  
- Have any of the principals or owners ever declared bankruptcy, been convicted of a felony, or had agent's license suspended?  
\_\_\_\_\_
  
- Any suits or judgements against agents or agency during the last 5 years? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Why do you want to partner with GAR?
How did you hear about GAR?

**THE UNDERSIGNED APPLICANT WARRANTS THE INFORMATION CONTAINED HEREIN TO BE TRUE.**

\_\_\_\_\_  
Producer Authorized Signature

\_\_\_\_\_  
Title