



TRANSPORTATION INSURORS

A DOXA INSURANCE COMPANY

111 E. Main Street • Delphi, Indiana • (765)564-6600 • (800)257-7364

PRODUCER PROFILE

1. Agency Name _____

Primary Address _____

Other Office Location(s). Use separate sheet if you need more space for additional offices.

Phone Number(s) _____

Correspondence Name & Email(s): _____

Billing Contact Name & Email(s): _____

2. How many years have you specialized in trucking? _____

3. How much trucking business do you currently produce and what is your average price range per risk?

	Total Premium	Minimum	Maximum
Primary Liability	\$ _____	\$ _____	\$ _____
Cargo	\$ _____	\$ _____	\$ _____
Physical Damage	\$ _____	\$ _____	\$ _____
Non-Trucking/Unladen Liability	\$ _____	\$ _____	\$ _____
Worker's Comp	\$ _____	\$ _____	\$ _____
Occupational Accident	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

4. How does your current production compare to the last 3 years? _____

5. What type of trucking risks do you write? (i.e., steel haulers, RV Haulers, dump, etc.)?

6. In what states do you market? _____

7. How do you market your services? _____

8. What truck markets do you currently use?

Company Name	Lines of Business	Years Used
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9. Why does your agency need another truck market? _____

10. What products or services could you use that you don't currently have? _____

11. Assuming Transportation Insurors can provide quality products at competitive prices, with the exception of Primary Liability, how much business could we write for your agency?

Cargo	\$ _____	Worker's Comp	\$ _____
Physical Damage	\$ _____	Occupational Accident	\$ _____
Non-Trucking Liability	\$ _____	Other _____	\$ _____
Unladen Liability	\$ _____		

12. Please tell us anything about your agency that might be important, interesting, or unique:

13. Please list your current employees' names, emails, and extensions (Please use separate sheet if you need more space for additional employees).

	Name	Email	Phone and/or Ext.
Agency Principal	<hr/>	<hr/>	<hr/>
Producers	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
Customer Service Reps	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
Billing & Accounting	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>
	<hr/>	<hr/>	<hr/>

Name: _____ Title: _____ Date: _____

Signature: _____