



New Retail Agency Preliminary Information

1. Agency name: _____
 2. Address: _____
 City: _____ State: _____ Zip: _____
 3. Contact Name: _____ Title: _____
 Telephone: _____ Email: _____
 Website: _____

4. How long has the agency been business? _____
 5. What was your top line volume in the last three years?
 20__ \$ _____ 20__ \$ _____ 20__ \$ _____
 6. What is your average premium account size? \$ _____

7. Breakout by line of business:
 Commercial \$ _____
 Personal \$ _____
 Professional \$ _____
 Nonprofit \$ _____
 Other \$ _____
 Total \$ _____

8. Who are your top carriers and wholesalers and what types of business do you write with each?

| Carrier | Annual Premium | Type of Business |
|---------|----------------|------------------|
| 1. | \$ | |
| 2. | \$ | |
| 3. | \$ | |
| 4. | \$ | |
| 5. | \$ | |

| Wholesaler | Annual Premium | Type of Business |
|------------|----------------|------------------|
| 1. | \$ | |
| 2. | \$ | |

9. Are you owned or affiliated with an insurance company, wholesaler or other entity? Yes No
 If so, who: _____

10. How many full time producers do you have? Provide a brief synopsis of your marketing efforts.

11. Why are you interested in doing business with USLI? Which four products are you interested in distributing?

13. How did you hear about us? Phone Call Internet Advertisement Referral Other: _____

**Please fill out this digital application, save it locally and then attach it to an email to this address: marketinginfo@USLI.com*