

≡ AGENCY QUESTIONNAIRE ≡



NEWPORT GENERAL AGENCY
 PO BOX 601059
 Dallas, TX 75360
 phone (866) 563-9767 fax (866) 509-2329

The information herein is essential to understanding your agency when reviewing your production and loss experience. The information in this form is kept completely confidential. Please complete this questionnaire and fax it to our office at the number provided. Thank you for your time!

Agency Name:	This agency is owned by (please circle): an individual a partnership a corporation	How long have you owned this agency?
Physical Address:	Owner Name:	
City, State, & Zip Code:	How many locations does this agency have? (If more than 1, please complete a separate questionnaire for each location) _____	
County:	Is the mailing address the same as the physical address? YES NO (if no, please provide the mailing address below)	
Phone Number:		
Fax Number:		
E-mail Address:		
Website Address:		

Choose one : AGENCY APPOINTMENT AGENT/OWNER APPOINTMENT License # _____ Fed.Tax/SSN # _____

Please list all owners, officers and employees (both licensed & unlicensed):

Name	Indicate Position With Agency	Years With Agency	Years in Personal Lines Auto	Insurance License Number	Insurance Related Certifications	Education Level
1)	owner employee officer / manager					high school/GED college graduate school other:
2)	owner employee officer / manager					high school/GED college graduate school other:
3)	owner employee officer / manager					high school/GED college graduate school other:
4)	owner employee officer / manager					high school/GED college graduate school other:
5)	owner employee officer / manager					high school/GED college graduate school other:

Non-standard Auto: Please list top 4 markets and volume for most recent complete year.	Estimate % of business written by Policy Term Annual: _____ % Semi-Annual: _____ % Monthly: _____ % TOTAL: <u>100</u> %	Does this agency use a comparative rater? (if so, please check the name)	ITC none QuickQuote other:
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CARRIER / MGA	APPOINTED DATE	LIABILITY ONLY POLICIES	FULL COVERAGE POLICIES	TOTAL NON-STANDARD
1)		\$	\$	\$
2)		\$	\$	\$
3)		\$	\$	\$
4)		\$	\$	\$
TOTALS:		\$	\$	\$

Other lines of business:

LINE OF BUSINESS	CARRIER	VOLUME
1)		\$
2)		\$
3)		\$
4)		\$
5)		\$

Additional comments:

Please attach a copy of your agency license and current E&O policy dec page or certificate

NEWPORT welcomes your comments and questions; please feel free to address any issue and attach additional pages as necessary. Please fax all pages to NEWPORT upon completion with agency name on all pages. If you have questions about this form contact our marketing department at the number listed above. Thank you for your time.