



Agency Appointment Questionnaire

Full Agency Name:	
Contact Name:	
Contact Phone:	
Email:	
Physical Address:	
Mailing Address:	
Phone:	
Fax:	
FEIN:	
Accounting Contact:	
Email:	
Agency Principal(s)	
Email(s):	
<u>E & O Coverage</u>	
Insurance Company:	
Dates of Coverage?	
Are you licensed in Ohio and/or Georgia	

Year Established:	
Has the agency been recently purchased, merged or consolidated with another agency?	
Please describe:	
Who are your top 3 markets for trucking insurance?	
What percentage of your total agency book is trucking?	

Please email back to Sandy@hoops-ins.com or fax to 440-325-4205. Thank You!