

Please take a few minutes to tell us about your agency. All questions must be answered. Write "N/A" if not applicable to your agency.

1. AGENCY INFORMATION

Agency Name and DBA: _____

Principal(s): _____

Physical Address: _____
City: _____ State: _____ Zip: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
Main Agency Email: _____

2. XPT CONTACT INFORMATION

Name & email addresses of employees in our agency who handle the following (or provide a list):

Commercial CGL: _____ Email(s): _____

Property: _____ Email(s): _____

Commercial Auto/Truck Insurance: _____ Email(s): _____

Professional Liability: _____ Email(s): _____

Accounting: _____ Email(s): _____

Other (Describe): _____ Email(s): _____

3. APPOINTMENT INFORMATION

List three insurance company appointments you have with admitted licensed insurers: _____

4. TELL US ABOUT THE BUSINESS YOU PLACE WITH COMPANIES AND WHOLESALERS

A: Top five wholesaler used & premium volume:

A.		Premium	
B.		Premium	
C.		Premium	
D.		Premium	
E.		Premium	

B: Top five carriers used & premium volume

A.		Premium	
B.		Premium	
C.		Premium	
D.		Premium	
E.		Premium	

5. SPECIALTIES OR PROGRAMS WITH WHOLESALERS

Please list specialties and/or programs with wholesalers: _____

6. ESTIMATED ANNUAL VOLUME WITH XPT

This year: _____ Next year: _____

7. HOW DID YOU LEARN ABOUT XPT

☐ Trade Ad ☐ Referral ☐ Prior Experience ☐ WSIA ☐ Other

8. AGENCY CONTRACT

Is your signed and completed agency contract attached? ☐ Yes ☐ No

9. PREMIUM TRUST ACCOUNT (REQUIRED)

Bank where Trust Account is held: _____

10. XPT APPOINTMENT

Name of the XPT Office and/or Broker you wish to work with: _____

11. SIGNATURE

Signature of Agency Principal: _____ Date: _____

By your signature on this Profile and on the Agency Contract, you are requesting an appointment with XPT Partners, LLC and you acknowledge your understanding of the terms stated in the Agency Contract.