



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.

City:		ENCY INFORMATION								
Physical Address:		Agency Name and DBA:								
City: State: Zip: Mailing Address: Zip: State:				cipal(s):	Pri					
Mailing Address:		Physical Address:								
City:		Zip:	State:	s S	(
Phone:		Mailing Address:								
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: Property: Email(s): Commercial Auto/Truck Insurance: Email(s): Professional Liability: Email(s): Accounting: Email(s): Email(s): Email(s):		Zip:	State:	S	(
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): Email(s): Email(s):		Phone: Fav.								
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3. APPOINTMENT INFORMATION					-					
		APPOINTMENT INFORMATION								
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List three insurance company appointments you have with admitted licensed insurers:		isurers:	ou nave with aumitted licensed ir	tinee insurance company appointments you have						





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

A: Top five wholesaler used & premium volume:

	A.		Premium						
	В.		Premium						
	C.		Premium						
	D.		Premium						
	E.		Premium						
	B: Top five carriers used & premium volume								
	A.		Premium						
	В.		Premium						
	C.		Premium						
	D.		Premium						
	E.		Premium						
5	SPECIALTIES OR PROGRAMS WITH WHOLESALERS								
	5. SPECIALTIES OR PROGRAMS WITH WHOLESALERS								
	Please list specialities and/or programs with wholesalers	S:							
6.	ESTIMATED ANNUAL VOLUME WITH XPT								
	This year	Novtvoor							
	This year:	Next year:							
7.	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						
	is your signed and completed agency contract attached:	163	NO						
9.	PREMIUM TRUST ACCOUNT (REQUIRED)								
	Bank where Trust Account is held:								
10.	10. XPT APPOINTMENT								
	Name of the XPT Office and/or Broker you wish to work wi	ith:							
11	SIGNATURE								
11.	OIGHTAI OILE								
	Signature of Agency Principal:		Date	ə:					

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.