



WESTERN SURPLUS LINES AGENCY, INC.

P.O. Box 6609 • Abilene, Texas 79608

Sub-Producer Agency Profile

Thank you for your interest in Western Surplus.

We are an excess, surplus and specialty market for commercial lines. To help determine if Western Surplus Lines Agency would be a good fit for your agency, please see the information below. Once you have completed the form, send it, along with all requested documents, to renee.adams@westernsurplus.com. Please reference www.westernsurplus.com for additional information about our products and carriers.

We currently write in the following states:

- Texas
- New Mexico
- Oklahoma
- North Dakota
- Louisiana (P&C only and you must file your own surplus lines taxes)

We request that you have been in business three or more years.

We do not accept agents that are MGAs.

We do not allow double brokering.

Please indicate your primary interest in working with Western Surplus:

- ☐ Auto, Garage, Transportation
- ☐ General Liability
- ☐ Property / Inland Marine
- ☐ Professional Liability
- ☐ Excess / Umbrella
- ☐ Energy, Oil & Gas
- ☐ Specialty & Industrial Brokerage

Please confirm you have included the following information with your request for appointment:

- ☐ Sub-producer Agency Profile
- ☐ Copy of Agency's current in-force E&O policy declarations page or certificate
- ☐ W-9
- ☐ Copies of the Agency license in each state you're interested in us underwriting
- ☐ (For Louisiana only) Copy of surplus lines agency license

AGENCY OVERVIEW

Agency Name:			
Physical Address:	Mailing Address:		
Physical City:		Mailing City:	
Physical State:		Mailing State:	
Physical Zip:		Mailing Zip:	
Telephone:		Fax:	

If you have a branch office(s) that will fall under this contract, request a Branch Office Addendum to complete once you are approved.

1. Taxpayer ID Number or Social Security No:
2. Years in business: Web Address:
3. Organization: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC
4. During the past 5 years (if yes, please attach details):

Has the name of the agency changed?	☐ Yes	☐ No
Has the agency been sold / acquired?	☐ Yes	☐ No
Has the agency merged with another?	☐ Yes	☐ No
5. Are you an MGA? ☐ Yes ☐ No
6. Do you operate exclusively as a retail broker? ☐ Yes ☐ No
7. If NO, do you also operate as a wholesale broker? ☐ Yes ☐ No
8. Do you accept any commercial business from other agents (double brokering)? ☐ Yes ☐ No
9. If yes is the response to any of these questions, please attach a full explanation.
 - a) Has the agency had any E&O claims in the last 5 years? ☐ Yes ☐ No
 - b) Has your E&O insurance ever been cancelled or increased due to claims activity / poor loss results? ☐ Yes ☐ No
 - c) Has anyone in your company been under investigation or convicted by any regulatory body with respects to unfair business practices, deceptive trade practices, insurance fraud or other violations? ☐ Yes ☐ No
 - d) Have any carrier contracts been terminated / non-renewed by you or against your agency in the last 36 months? ☐ Yes ☐ No

Name of Principal(s)	Position	% of Ownership	Years with Agency	Email Address

List personnel that will be marketing, producing or submitting business for Western Surplus:	Length of Time Licensed	Email Address

OPERATIONS / SALES VOLUME

What is the agency's total written premium a year:

- ☐ Less than \$500,000
 ☐ \$500,000 to \$2,500,000
 ☐ \$2,500,000 to \$5,000,000
 ☐ \$5,000,000 to \$10,000,000
 ☐ \$10,000,000 to \$25,000,000
 ☐ More than \$25,000,000

Premium Volume by Line of Business

Energy: Contractors	\$	Commercial Auto	\$
Oil Lease Operators	\$	Local/Intermediate	\$
Drilling Operations	\$	Long Haul	\$
Consultants	\$	Cargo	\$
Multi-Line: Property/IM	\$	Garage: Dealers	\$
Special Events	\$	Non-Dealers	\$
General Liability	\$	Umbrella	\$

ESTIMATED PRODUCTION WITH WESTERN

In a 12 month span, how much business do you anticipate placing with us:

	Premium	# of Accounts
New Business:	\$	
Transfer business from another company / MGA:	\$	
Total:	\$	

Please describe the role that Western will play in your overall business operation.

ADDITIONAL INFORMATION

Please list the top 5 companies with whom you place insurance:

Company Name	Access via MGA or Direct?	If MGA, how accessed?	Years Represented	\$ Premium	# Accounts	Loss Ratio
	MGA ☐ Direct ☐					%
	MGA ☐ Direct ☐					%
	MGA ☐ Direct ☐					%
	MGA ☐ Direct ☐					%
	MGA ☐ Direct ☐					%

FINANCIAL

Bank Reference:	
Address:	
Phone:	()
Bank Contact:	
Bank Contact Phone Number:	()

Will all accounting issues be handled by principal agency location (listed on page 1)? Yes ☐ No ☐

If no, please describe:

Has your agency had any judgments or liens filed, paid or dismissed in last 5 years? Yes ☐ No ☐

Does your agency have any balance due companies that are over sixty (60) days? Yes ☐ No ☐

REFERENCES

How did you hear about us?

Please list 3 agency references

Agency Reference Name	Phone Number	Relationship	Years Known

The Fair Credit Reporting Act Public Law 91-508 requires us to disclose to the prospective sub-producer, that as part of our routine procedure, the Company may inquire as to the character, general reputation, personal characteristics, and mode of living of said prospective sub-producer. This information will be obtained through a regular company, usually the Retail Credit Company.

By signing below, I hereby grant permission to Western Surplus Lines Agency, Inc. to contact the references listed above. I further understand that any information provided in this Sub Producer Agency Profile will become part of the Brokerage Agreement, if approved.

Printed Name & Title

Date

Signature