



New Wholesaler Preliminary Information

1. Firm: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Contact Name: _____ Title: _____
4. Telephone: _____ Email: _____
5. How long have you been in business? _____ Website: _____
6. How much overall premium do you write? \$ _____
7. What has your top line volume been like the last three years (increase/decrease)?
20__ \$ _____ 20__ \$ _____ 20__ \$ _____
8. What is your average premium account size? \$ _____
9. Who are your top five carriers and what types of business do you write with each?

Carrier	Annual Premium	Type of Business
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Percent premium written wholesale _____ % Retail _____ %

10. Are you owned or affiliated with an insurance company or retailer? Yes No
If so, who: _____
Do you take risk on anything that you write? Yes No
If so, explain: _____

11. Provide a brief synopsis of your marketing efforts to your retail brokers. Do you have a dedicated marketing staff? How often do you visit your customer?

12. Why are you interested in doing business with U.S. Liability? Which products of ours are you interested in distributing?

13. How did you hear about us? Phone Call Internet Advertisement Referral Other: _____

**Please fill out this digital application, save it locally and then attach it to an email to this address: marketinginfo@USLI.com*