



Texas Security General

INSURANCE AGENCY, LLC.

18545 Sigma Road, San Antonio, Texas 78258 / Phone: 210-764-1233 / Fax: 210-764-1266

Contact Information

First Name * _____

Last Name * _____

Agency Name * _____

Email Address * _____

Job Title _____

Department _____

Qualifying Questions

How many years of experience do you have in writing Personal Lines? _____

How many years of experience do you have in writing Commercial Lines? _____

Do you commit to writing a minimum of \$25,000 in written premium for Personal Lines annually? Yes No

Do you commit to writing a minimum of \$50,000 in written premium for Commercial Lines annually? Yes No

Are you currently utilizing a Premium Finance Company? Yes No

What is the number of Managing General Agencies (MGAs) already contracted with? _____

Please provide names: _____

What is your current quote to bind ratio with the above MGAs? _____

Years of experience for your agents/producers? _____

Will you be able to send us 10 submissions for quoting over the next 3 months? Yes No

What percent of your over-all business falls under E&S? _____

Is there a designated person/team that handles your Commercial Lines business? _____

Producer Information

Producer Name _____

Producer Website _____

Street Address _____

City _____

State _____

Zip Code _____

Work Phone _____ Ext _____

Fax Phone _____

Marketing/Sales _____

Manager's Name _____

Email _____



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Operations Information

How is organization licensed? (Choose all that apply)

Agent _____ Other _____

Please confirm that you are fully licensed in all the states in which you are submitting your business. _____

Years in business: As an insurance agent? _____ Your agency? _____

Commission Income Breakdown

% Retail _____ % Wholesale Brokerage _____

% MGA (Binding Authority) _____ % Other _____

Personnel - Breakdown of Organization's Staff (number)

Principals / Owners _____ Producers (Salespeople) _____

Other Licensed Employees _____ Other Employees _____

Total Staff _____

Financial and Other Information

Internal Accounting Contact Name _____

Phone Number _____ Ext _____

Do you maintain Employee Dishonesty Coverage for all Officers and Employees? _____

Do you maintain Errors & Omission Coverage? _____ Limits _____

Have you or any officer, director or member of your organization ever had an insurance license suspended or terminated for any reason, or ever been subject to any disciplinary action? _____

If Yes, please explain _____

Is there any pending or threatened litigation or judgments within the past five years exceeding \$10,000 against the broker or any principals of the organization? _____

If Yes, please explain _____

How did you hear about us? _____

Are you purchasing and/or transferring a book of business? Yes No

If Yes, what is the agency name? _____

Products you are interested in selling _____



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Agency Annual Sales

Total Premium \$ _____

Personal Lines % _____ Commercial Lines % _____

Current Carriers and Markets

Annual Premium: Personal Lines – Homeowners _____

Annual Premium: Personal Lines – Dwelling _____

Annual Premium: Personal Lines - Mobile Home _____

Annual Premium: Commercial Lines - GL, Auto, P&C, etc. _____

Annual Premium: MGA _____

Please email this completed form to michellet@txsecgen.com.

You will receive confirmation of this notice and the Marketing Representative in your area will be in contact with you by phone within 3-5 business days.

Thank you.