



# 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](mailto:marketinginfo@USLI.com)*