**Agency Profile**

Thank you for your interest in working with Great Lakes General Agency. Please type your answers below and attach any additional documentation as necessary. When completed, email your agency profile to [greatlakesnews@greatlakesga.com](mailto:greatlakesnews@greatlakesga.com).

We will review your information and provide a response as soon as possible. If you are approved to be a Great Lakes General Agency partner, we will require a signed producer agreement, copies of your applicable insurance licenses, a copy of your E&O declaration page and W9 form.

**A. CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency name | |  | |
| Contact name | |  | |
| Email address | |  | |
| Phone number | |  | |
| Physical business address | |  | |
| Federal ID number | |  | |
| List agency principal and key contacts who will provide submissions. | | | |
| *Name* | *Title* | | *Email address* |
|  |  | |  |
|  |  | |  |
|  |  | |  |
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|  |  | |  |
|  |  | |  |
|  |  | |  |

May we add you to our email communications list? \_\_\_\_\_ Yes \_\_\_\_\_ No

**B. ABOUT YOUR AGENCY**

|  |  |
| --- | --- |
| Year business established |  |
| If a new venture, explain your business plan (attach additional information if necessary). |  |
| Has your agency operated under a different name in the last five years? |  |
| Which states are you licensed to do business in? |  |
| List any professional affiliations / associations. |  |

**C. PREMIUM VOLUME**

|  |  |
| --- | --- |
| Please indicate your approximate premium volume by a percentage. | |
| *Commercial trucking* |  |
| *Non-fleet (1-10 power units)* |  |
| *Fleet (11+ power units)* |  |
| *Commercial transportation (non-trucking)* |  |
| *Personal lines* |  |
| How much premium do you anticipate you could write with Great Lakes General Agency? |  |

**D. PARTNERSHIPS**

|  |  |  |
| --- | --- | --- |
| Which managing general agents are you working with? | |  |
| *MGA* | *Annual premium placed* | *Lines of business* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Are you directly appointed with any insurance carriers? If so, please list them below. | | |
|  | | |
| Why do you want to partner with Great Lakes General Agency? | | |
|  | | |

**E. ADDITIONAL INFORMATION**

|  |
| --- |
| How did you hear about Great Lakes General Agency? |
|  |