

Producer Questionnaire

We keep completed forms completely confidential.



SPECIALTY AUTO

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Owner Profile

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Mobile Number: _____ Home Number: _____

Owner Email: _____

Agency Profile

Agency Name: _____ DBA Name: _____

Employer EIN (if filed): _____ Business License: _____

Agency Physical Address: _____ City: _____ State: _____ Zip: _____

☐ Do you have multiple agency locations (*Must complete additional location form)

Agency Mailing Address: _____ City: _____ State: _____ Zip: _____

Agency Office Number: _____ Agency Fax Number: _____

Agency E-Mail: _____ Agency Website: _____

How did you hear about AmWINS? _____

Hours: Mon/Fri: ☐ - ☐ Sat: ☐ - ☐ Sun: ☐ - ☐ Year Agency Established: _____

Does your agency use a rater? Please specify.

☐ TurboRater ☐ QQ Webrater ☐ EZ Lynx ☐ PL Rater ☐ AccuAuto ☐ Other _____ ☐ Quotation ☐ None

What percentage of your book of business is auto? _____ Number of new business auto apps per month? _____

Please list all owners, officers, and employees (both licensed and unlicensed):

Name:	Title:	Years experience:	Email:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list top 4 auto MGA's/Companies

1. Name: _____	Premium: _____	Loss Ratio: _____
2. Name: _____	Premium: _____	Loss Ratio: _____
3. Name: _____	Premium: _____	Loss Ratio: _____
4. Name: _____	Premium: _____	Loss Ratio: _____

*** Please attach the last two years of loss ratio and production reports from your agency's two largest personal auto companies**