



Great American Insurance Company
 Trucking Program
 301 E. Fourth Street, 22nd Floor
 Cincinnati, Ohio 45202-4201
 Phone (800) 643-7882 Fax (513) 977-6502

RESET

Name of Agency _____ Date _____
 Address _____
 City _____ State _____ ZIP _____
 Phone No. _____ Fax No. _____
 Toll-Free No. _____ Tax ID No. _____
 Email Address _____ Company Website _____
 Corporation Partnership Individual Years in trucking business _____
 Agency hours of operation (M-F?) _____

Principals, Partners or Corporate Officers

Name & Title	Home Address
1.	
2.	
3.	

Employees Who Are Licensed Agents

Name	Type of License & Number	States(s)
1.		
2.		
3.		
4.		

Please identify the following

Accounting Manager _____ Operations Manager _____
 Marketing Manager _____

Agency Profile

	Current Year (CY) Premium	CY Commission	CY Loss Ratio	Previous Year Premium	2nd Previous Year Premium
Total Agency Volume (all lines)	\$	%	%	\$	\$
Total Agency Volume *LOOP	\$	%	%	\$	\$
LOOP Physical Damage	\$	%	%	\$	\$
**Non Trucking Liability	\$	%	%	\$	\$
Occupational Accident	\$	%	%	\$	\$
Workers' Compensation	\$	%	%	\$	\$

* Products sold to owner/operators leased to a motor carrier
 **Non Trucking Liability - Liability protection while using truck for non-business purposes.
 Please list primary states of operation _____

Please List Your Top 5 Trucking Markets, including wholesalers *(largest to smallest in premium volume)*

Name	LOOP Physical Damage	Non Trucking Liability	Occupational Accident	Workers' Compensation
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

Type of Trucking Business Written in Your Agency

Non-fleet (1-10) trucks w/authority FHWA _____%	Company-owned fleets >10 _____%
Non-fleet (1-10) trucks w/out authority _____%	Owner operator programs >10 _____%
Total = _____ 100%	

Miscellaneous Information

	Yes	No
Are you currently appointed with Great American? If yes, which division	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any trucking business placed with Great American through a wholesaler? If yes, which wholesaler	<input type="checkbox"/>	<input type="checkbox"/>
What unique exposures or class of business do you insure that we should be aware of?		
Has an Insurance Company ever canceled your Agency Contract? If yes, please explain	<input type="checkbox"/>	<input type="checkbox"/>

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PRINT

SUBMIT