



Agency Profile

Submit online, email to sales@insureyourtowtruck.com, or return by fax to *: 35-444/6262

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Agency Name:		
D.B.A. (if applicable):		
Street Address		
City:	State:	Zip:
Telephone:	Fax:	
Year Established:	FEIN#:	
Agency Owner/CEO/President Name:		
Agency Website Address:		
E&O Carrier:	Effective:	Limit: \$1,000,000 min

(Please include a copy of a Certificate of Insurance for your E&O coverage showing B&B Protector Plans, Inc. as certificate holder)

Are you part of a cluster? Yes No

Sole Proprietor
 Corporation

Partner
 LLC/LTD

Agency Contact for B&B Protector Plans, Inc./ Person responsible for signing contracts and addenda:	E-Mail Address:
Marketing Manager's Name:	E-Mail Address:
Alternate Contact:	E-Mail Address:

Property / Casualty Profile

Total Agency Premium: _____
% Commercial Lines: _____

P&C Premium: _____
% Personal Lines: _____

Top Five Insurance Companies Represented

	Company	Premium
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Program Profile
B&B Protector Plans, Inc.

Agency Name: _____

Program: Towing Operators Protector Plan

Who will be assigned to sell this Program:

Agency Commercial Producers:	E-Mail Address:	Yrs. of Experience	Programs Producer is dedicated to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How much business do you write in this program(s) segment currently? _____

How many submissions per month can you commit to sending to this program(s) in the next six months: _____ one year: _____

Is there a specific coverage critical to writing this business in your agency? _____

What is your top company doing to write this segment of business for you? _____

Who is your main competitor:

Agency Name: _____ Company Name: _____

Please describe how you plan to market this program(s): _____

In what States will you need to be appointed? Please note there may be appointment expenses in each non-resident state.

