



AGENCY PRE-APPOINTMENT SURVEY

GENERAL AGENCY INFORMATION

Agency Name:		Date Submitted:	
Owner(s)/Principal(s):			
Main Mailing Address:			
City:		State:	Zip:
Telephone:		Fax:	
Website:		Email Address:	

COMPANY REPRESENTATION (WORKERS' COMP ONLY)

TOP 5 COMPANIES REPRESENTED	APPROXIMATE PREMIUM VOLUME	APPROXIMATE LOSS RATIO

ADDITIONAL AGENCY INFORMATION

Does your agency specialize in a class of business?
How many commercial lines producers are in your office?
Total Workers' Comp Premium Volume:
Anticipated LCTA Volume for one year after contracting:
Additional Information/Comments:
ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE
Thank you for your interest in becoming an appointed agent with LCTA. Our marketing team will contact you upon reaching a decision regarding the appointment process of your agency. Should you have any questions, feel free to contact us at whatsright@lcta.com .

SIGNATURE

DATE