



V3 INSURANCE PARTNERS LLC PRODUCER APPLICATION DEALER SUPPLEMENT

COMPLETE, SIGN AND SUBMIT THIS MARKETING SUPPLEMENT WITH SUPPORTING DOCUMENTATION
 TO: 215-475-3959 OR SCAN AND EMAIL TO: brokerservices@v3ins.com

INSURANCE COMPANY RELATIONSHIPS

List your top three (3) markets in decreasing premium volume order for the most recent twelve (12) month period.

Company Name	Lines of Business	Annual Premium	No. of Accounts

Explain any relationship changes with other companies (e.g. insurance companies, agents or brokers) in the last three years:

Name of Company	Added or Terminated	Reason for Change in Relationship
	<input type="checkbox"/> Added <input type="checkbox"/> Terminated	
	<input type="checkbox"/> Added <input type="checkbox"/> Terminated	
	<input type="checkbox"/> Added <input type="checkbox"/> Terminated	

BOOK OF BUSINESS PROFILE

List your top (3) lines of business in decreasing premium volume order for the most recently completed calendar year:

1.
2.
3.



List your three (3) top markets for the line(s) of business below in decreasing premium volume order with the cumulative loss ratio for the three (3) most recently completed calendar years:

DEALER, IF APPLICABLE

Company	Most Recently Completed Calendar Year Premium	Prior Calendar Year Premium	Most Recently Completed Calendar Year Loss Ratio	Prior Calendar Year Loss Ratio	Three (3) Year Loss Ratio

RENTAL, IF APPLICABLE

Company	Most Recently Completed Calendar Year Premium	Prior Calendar Year Premium	Most Recently Completed Calendar Year Loss Ratio	Prior Calendar Year Loss Ratio	Three (3) Year Loss Ratio

TOWING, IF APPLICABLE

Company	Most Recently Completed Calendar Year Premium	Prior Calendar Year Premium	Most Recently Completed Calendar Year Loss Ratio	Prior Calendar Year Loss Ratio	Three (3) Year Loss Ratio

CERTIFICATION

I have read this supplemental application and certify that the answers and information herein are true and complete to the best of my knowledge. I understand that this supplemental application forms part of the V3 Producer Application submitted on behalf of my agency.

Company: _____
 By: [Signature of Owner/Principal] _____
 Print Name: _____
 Title: _____
 Date: _____