



1.800.441.4535

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Petroleum Marketer Agency Questionnaire

(Required for program access)

Agency Name: _____

Agent ID (if an existing agent): _____

Annual Premium Volume: _____

Top 3 Companies Represented

Company Name: _____

Volume: _____ Loss Ratio (3 year): _____

Company Name: _____

Volume: _____ Loss Ratio (3 year): _____

Company Name: _____

Volume: _____ Loss Ratio (3 year): _____

Approximate Annual Premium Volume Currently Written for each Risk Type

Service Station: _____ Fuel Marketer: _____

Trucking: _____ Repair Garages: _____

Workers' Comp: _____ E&S: _____

Main Contact _____

Phone _____

Email Address _____