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# V3 INSURANCE PARTNERS LLC PRODUCER APPLICATION TRANSPORTATION SUPPLEMENT

COMPLETE, SIGN AND SUBMIT THIS MARKETING SUPPLEMENT WITH SUPPORTING DOCUMENTATION  
TO: [brokerservices@v3ins.com](mailto:brokerservices@v3ins.com)

Are you a Wholesale Operation or a Retailer?  Wholesale  Retailer

List your top three (3) markets in decreasing premium volume order for the most recent twelve (12) months:

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	

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: \_\_\_\_\_