



Agency Appointment Application

Agency Information		Principal(s) Name(s)		Phone No.	
Name of Agency			Date		Fax No.
Street Address				Cell No.	
City		State	Zip + 4	Tax ID No.	
Mailing Address				County	
City		State	Zip + 4	Agency is: (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Contact Name		Title			
Email Address(es):					
Years in business		List all other affiliated agencies:			
What is the overall written premium volume of your agency (all lines)? <input type="checkbox"/> < 1 Million <input type="checkbox"/> 1 - 2 Million <input type="checkbox"/> 2 - 4 Million <input type="checkbox"/> 4 - 10 Million <input type="checkbox"/> > 10 Million					
Name of E & O Carrier and Policy Number (Attach Dec Page)			What % of your agency is personal lines vs. commercial? Personal = % Commercial = %		

Company Data			
STANDARD COMPANIES	Years with Co.	Annual Premium*	Loss Ratio*
1)			
2)			
3)			
4)			
5)			

* Please Attach Supporting Documentation					
Do you represent any nonstandard companies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have access to any of the above companies via a cluster-group arrangement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
In the past 5 years, have you had a company terminate your contract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please explain:					
How many new auto applications do you average per month?		<input type="checkbox"/> 1 - 5	<input type="checkbox"/> 5 - 10	<input type="checkbox"/> 10 - 15	<input type="checkbox"/> 15 - 20 <input type="checkbox"/> > 20
How many new homeowner applications do you average per month?		<input type="checkbox"/> 1 - 5	<input type="checkbox"/> 5 - 10	<input type="checkbox"/> 10 - 15	<input type="checkbox"/> 15 - 20 <input type="checkbox"/> > 20
Where does your auto and homeowner business originate?		In-house auto transfer %		Call-ins/Walk-ins %	
		Outside insured referrals %		Car Dealership referrals %	

Services			
Do you use a comparative rating company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, which one?
Do you use an Agency Management System?		<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, which one?

Agency Personnel			
Name	Licensed?	Producer	CSR
1)			
2)			
3)			
4)			
5)			

Rep Comments:
