

## Application for Agency Appointment

with American Commerce Insurance Company<sup>SM</sup>

### General Information

<b>Agency:</b>	License #:
Agency Principal(s):	Tax ID:
Street Address:	City:
State:	Zip:
Mailing Address:	Telephone:
Fax:	Email:

### Agency Information

Years in Business:	# of Employees:
# of Licensed:	Total Agency Volume:
Total Agency Volume (Auto):	Non-Standard:
	Agency's Total Number of Auto Companies Represented:
	Average Number of Auto Apps per Month (previous year):
	Average Number of Annual Homeowner Apps:
	Primary Company for Standard/Preferred Auto:
Non-Standard Auto:	Homeowners:

How does your Agency advertise (select all that apply):

Yellow Pages    
  Direct Mail    
  TV/Radio    
  Referrals    
  Other

Has your license ever been suspended or cancelled?     Yes     No

If yes, please explain:

Have you ever been fined by the state?     Yes     No

If yes, please explain:

### Systems

Management System Name \*:     Version #:

\* If you do not have a management system, type "None" in the above field.

Upload/Download:   Yes     No     If yes, Company:

Rating Software:   FSC     OIS/Quoteworks     Company Standalone     Website Rating     EZ Lynx     Other

ZAP/APP:   Yes     No     EFT:   Yes     No