



AGENCY APPOINTMENT APPLICATION PACKET

INSTRUCTIONS

All applicable forms must be completed in full and must be legible. Please follow these instructions carefully.

- ▲ Type or print clearly.
- ▲ Fill in all blanks and answer all questions on all forms.
- ▲ Attach a copy of the agency's license(s) for the state(s) in which you are requesting appointment including individual license(s).
- ▲ Attach a copy of the agency's E & O Insurance policy.
- ▲ Attach a copy of the agency's loss runs from all carriers for the past three (3) years.
- ▲ Attach a copy of the agency's one (1) year production goals and one (1) year basic marketing plan.
- ▲ Obtain all necessary signatures on all forms.

INCLUDED FORMS

- ▲ Agency Application for Appointment
- ▲ W-9 Form
- ▲ Upload / Download Paperwork
- ▲ Agency EFT Sweep Form
- ▲ Direct Deposit of Commission Form
- ▲ Flood Application

Send /Email All Completed Documents

- ▲ To your Business Development Representative

AGENCY APPLICATION FOR APPOINTMENT

SECTION 1 ~ GENERAL INFORMATION

Agency Name: _____

Agency Principal: _____ Title: _____

Agency Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Location Type: Store Front Office Park Stand Alone Other: _____

Agency Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

County: _____

Agency Telephone #: _____ Agency Fax #: _____

Website: _____

Agency General Email: _____

SECTION 2 ~ AGENCY INFORMATION

Lexis Nexis / Choice Point Node ID: _____

*If you do not have Node ID, you will need to complete online application with Lexis Nexis

Date Agent Founded: _____ Number of Offices: _____

**If less than 2 years, provide business plan

Does each office require its own sub-code? Yes No

Branch Location Address(es) (other than main location listed above):

1) _____

2) _____

3) _____

Ownership interest in other insurance agencies or companies? Yes No

If yes, please describe: _____

Is P&C the primary business of the agency? Yes No

If No, please comment: _____



E&O Coverage Yes No Carrier _____ Limits _____

Note: A minimum of \$1,000,000 of E&O coverage is required.

Current Rating Software Used: _____

Number of CSRs: _____ Number of Producers: _____

Total Agency Volume: \$ _____

Personal Auto: \$ _____

Personal OTA: \$ _____

Commercial Auto: \$ _____

Commercial OTA: \$ _____

Life Insurance: \$ _____

P&C and Life Markets

(Please fill out below or attach spreadsheet/print out from Agency Management system)

| Year Appointed | Company | Life Volume | PL Volume | CL Volume | Total Company Volume |
|--------------------------------|---------|-------------|-----------|-----------|----------------------|
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| TOTALS | | | | | |
| CL Auto LSC Carrier (MA only): | | | | | |

Please provide any feedback on loss activity that has impacted the performance of the books noted above. Explain any year end loss ratios over 65%. (Not applicable for Life)

Average Growth over the past year: _____%

Average Number of Apps. Written (previous year): PL /Month: _____ CL /Month: _____

Life/Month: _____

Does the agency broker business through other agencies? Yes No

If yes, with who and what type of business? _____

Does the agency utilize premium finance companies? Yes No

If yes, what lines of business? _____

Life Section:

How many licensed CSRs/Producers sell Life Insurance for your agency? _____

Do you have direct Life appointments or go through a brokerage firm?

Direct Brokerage Both

What Life products do you sell the most of? TL WL Annuity Other: _____

SECTION 3 ~ BACKGROUND INFORMATION

Please provide complete details for any "yes" answer.

Has your agency or any of the Principals or owners of the agency been subject to a fine or disciplinary action from the department of insurance or any other regulatory agency?

Yes No If yes, please explain.

Have you ever had an insurance license denied, revoked, or suspended by any state?

Yes No If yes, please explain.

Has the agency been terminated by another company in the past 3 years?

Yes No If yes, please explain.

Are you now the subject of any complaint, investigation, or proceeding which could result in a yes answer to any of the above questions?

Yes No If yes, please explain.

SECTION 4 ~ AGENCY KEY CONTACTS INFORMATION

Principal: Name _____ Telephone _____ Fax _____
 Email _____

Mgr (PL): Name _____ Telephone _____ Fax _____
 Email _____

Mgr (CL): Name _____ Telephone _____ Fax _____
 Email _____

Licensing: Name _____ Telephone _____ Fax _____
 Email _____

Accounting: Name _____ Telephone _____ Fax _____
 Email _____

Systems: Name _____ Telephone _____ Fax _____
 Email _____

Key Staff Members

| Name | Position | Phone | Email |
|------|----------|-------|-------|
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SECTION 5 ~ APPLICANT ACKNOWLEDGEMENT/CONSENT

I hereby certify that I have read and understand the items on this form and that my answers are true and complete to the best of my knowledge. I understand that if any of the information I provided is found to be incorrect or incomplete, it may be grounds for non-appointment or my immediate termination at the discretion of the Company.

I understand that a routine inquiry may be made as a requirement for state appointment. If applicable, the Company may obtain reports from a consumer reporting agency, an investigation report or inquiries from a State Insurance Department. Any information that the Company obtains about me will be treated as confidential.

FAIR CREDIT REPORTING ACT – As part of its regular procedures, the Company may obtain an investigative consumer report. It may deal with character, reputation, personal traits and lifestyle. It may involve personal interviews with friends, neighbors and associates.

I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that, depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request.

In signing this application I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. I further agree to immediately inform the Company of any conviction of the types described in the preceding sentence.

I have read the above statements. My signature below constitutes my agreement and authorization to all of the above.

Applicant's Signature

Date

Print Applicant's Name

Title