



Independent Agency Application

CONFIDENTIAL

Complete this application to request appointment as a new Independent Agency. All information will be verified. Upon approval, additional documentation will be required.

GENERAL AGENCY INFORMATION		
Agency Name: (Legal name from Resident License)		
Physical Address:		
Mailing Address: (If different from Physical Address)		
Main Phone:	Main Email:	
Website URL:	Agency Structure: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
# of Years in Business:	# of Licensed Agents:	# of Agency Offices:
Has your agency and/or any of its employees ever been under investigation or subject to discipline by the Department of Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain below:		
<i>Check One:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you inspect vehicles? Do you advertise? Do you carry E&O Insurance of at least \$1M, provided by a company rated not less than A- by A.M. Best & Co? Do you carry Cyber Insurance by a company rated not less than A- by A.M. Best & Co.? Has this Agency acquired or merged with another agency in the past year? Has this agency ever declared bankruptcy? Does this agency have any outstanding tax liens? Does this agency use a Premium Finance Company? Has this agency been cancelled or terminated within the last 5 years? - If yes, provide date and reason for cancellation(s):	



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PRINCIPAL/OWNER INFORMATION				
Agency Principal(s)/Owner(s):				
Name/Title	Email Address	Years at Agency	% of Ownership	Ever Convicted of a Felony?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
REVENUE & BOOK MIX				
Total Agency Volume:				
Last Year's Premium:	This Year's Premium (Estimate):	Next Year's Premium (Estimate):		
What Percentage of Business is:				
Personal Lines:		Commercial Lines:		
Life & Health:		Other (Explain):		
What Percentage of Auto Business is:				
Standard:		Non-Standard:		
EXISTING CARRIER INFORMATION				
List All Standard Companies Represented: (Attach separate sheet, if necessary)				
Carrier Name	Date of Appointment	Previous Year's Loss Ratio	Previous Year's GPW	
List All Non-Standard Companies Represented: (Attach separate sheet, if necessary)				
Carrier Name	Date of Appointment	Previous Year's Loss Ratio	Previous Year's GPW	



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AUTOMATION

Does the agency subscribe to an Agency Management System?

No Yes – Name of System:

Does the agency use a Comparative Rater?

No Yes – Name of Rater:

Signature:

Date:

Print Name & Title: