Independent Agency Application

CONFIDENTIAL

Complete this application to request contracting 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:		**City**:	**State**:	**Zip Code:**
Mailing Address: (If different from Physical Address)		**City**:	**State**:	**Zip Code:**
Main Agency Phone #:		**Main Agency Email Address:**		
Agency Website URL:		**Agency Structure:** ○ Individual ○ Partnership ○ LLC ○ Corporation ○ Other		
Number of Years in Business:	**Number of Licensed Agents:**	**Number of Additional Agency Offices** (List Physical Addresses Below):		
Additional Location Address:				
Additional Location Address:				
Additional Location Address:				
Has your agency and/or any of its employees ever been under investigation or subject to discipline by the Department of Insurance? ○ No ○ Yes – Explain below:				

Independent Agency Application

CONFIDENTIAL

Check One:	
○ Yes ○ No	**Do you allow agents to participate in carrier sponsored direct sales incentives/promotions?**
○ Yes ○ No	**Do you inspect vehicles?**
○ Yes ○ No	**Do you advertise?**
○ Yes ○ No	**Do you carry E&O Insurance of at least $1M, provided by a company rated not less than A- by A.M. Best & Co?**
○ Yes ○ No	**Do you carry Cyber Insurance by a company rated not less than A- by A.M. Best & Co.?**
○ Yes ○ No	**Has this Agency acquired or merged with another agency in the past year?**
○ Yes ○ No	**Has this agency ever declared bankruptcy?**
○ Yes ○ No	**Does this agency have any outstanding tax liens?**
○ Yes ○ No	**Does this agency use a Premium Finance Company?**
○ Yes ○ No	**Has this agency been cancelled or terminated within the last 5 years?** - **If yes, provide date and reason for cancellation(s)**:

Independent Agency Application

CONFIDENTIAL

PRINCIPAL/OWNER INFORMATION				
Agency Principal(s)/Owner(s):				
Name/Title	**Email Address**	**Years at Agency**	**% of Ownership**	**Ever Convicted of a Felony?**
				◯ Yes ◯ No
				◯ Yes ◯ No

REVENUE & BOOK MIX		
Total Agency Volume:		
Last Year's Premium:	This Year's Premium (Estimate):	Next Year's Premium (Estimate):
Policy Inforce Count:	Total Personal Lines Book Value:	
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 Contracted**	**Previous Year's Loss Ratio**	**Previous Year's GPW**
List All Non-Standard Companies Represented: **(Attach separate sheet, if necessary)**			
Carrier Name	**Date Contracted**	**Previous Year's Loss Ratio**	**Previous Year's GPW**

Independent Agency Application

CONFIDENTIAL

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:	