## MASTER AGENCY PROFILE AND SUB-AGENT ADDENDUM

\*Please include this addendum for the principal location and any sub-agent that will apply under the Agency Agreement. Make copies as needed.

Corporate Name:			
DBA/AgencyName:			
Street Address:			
City, State, Zip Code:			
Email Address:			
Phone:	Fax: ( )		
Web Site:			
Tax ID Number:			
Date Agency or Location Establish	hed:		
List any additional Agen	ts or CSR's at this location that ma	ny require an appoin	tment.*
Name	Position/Title	To be appointed?	License#
1.			
2.			
3.			
4.			
5.			

\*FL & LA agencies may have one appointment paid by company; any additional appointments will be reimbursed by agency. FL appointment fees \$62.10 per appointment, LA \$22.50 per appointment.

SC agencies are limited to one appointment per office location, additional appointments must be approved by management.

## **Agency Appointment Application**

\*

Section (	One: Ownership	
Within the last 5 years, has there been below.	any of the following?	If "yes", please describe
		Yes or No
Change in agency name?		
Change in ownership?		
Merger with or purchase of another a	gency?	
Explain any "yes" answers:		
***************************  Section Ty  Please list the key agency personnel, in and managers (other than personnel li  Name:	vo: Kev Personnel cluding principal age	
1.		
2.		
3.		
4.		
5.		
**********	*******	*******
Section Three: Number of	of licenses held within	the agency
P&C: E&S:	C	SR:

\*

## **Section Four: Miscellaneous**

	Yes or No
Is agency a captive agency or partly captive?	
Is agency part of a cluster or network?	
Is the agency part of a franchise group?	
Has any key personnel in the agency ever been subject to an investigation or disciplinary action by any insurance authority?	
Does the agency have any revenue sources that are not insurance related?	
Has there ever been a claim, or a declination, non-renewal or cancellation related to the agency's E&O coverage?	

Explain any "yes" answers:
Does the agency belong to any insurance related associations?
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## **Section Five: Agency Production**

List the five (5) largest insurance carriers in order of volume.

Carrier	Premium	Commission%	Date Appointed
1.			
2.			
3.			
4.			
5.			

Dog	reentage breekdown of agency business
Line of business	recentage breakdown of agency business  Percentage of total book (%)
Personal Property	<u> </u>
Personal Auto	_
Commercial	_
Life/Health/Investment	s
Other	_
	_
Vhat was the source of this p	rospect?
What is the average number o	f HO/DP policies written each month?
Vas an annual volume comm	itment discussed? If so, what amount will the agency commit to writin
vith PMA's carriers?	
s there a rollover opportunit	y? From which company?
low many policies?	<del>_</del>
	<u> </u>
Additional comments or	notes: