

# Agency Appointment Information

Agency Legal Registered Name \_\_\_\_\_

DBA Name (if applicable) \_\_\_\_\_

Principal Agency Contact: \_\_\_\_\_ Position in Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address(s): \_\_\_\_\_ Web Site \_\_\_\_\_

Tax ID: \_\_\_\_\_ SS#: \_\_\_\_\_ Date Agency Established \_\_\_\_\_

Business Structure: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Agency Owner: \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Agency Location: Private Home or Residence: \_\_\_\_\_ Strip Mall \_\_\_\_\_ Multi Unit Office \_\_\_\_\_

Multi Story Building \_\_\_\_\_ Single Occupancy Commercial Building \_\_\_\_\_

External Signage on Premises: Yes \_\_\_ No \_\_\_ If yes, carrier sponsor: \_\_\_\_\_ No

Receptionist: Yes \_\_\_ No \_\_\_

Does the agency have a written business or marketing plan: \_\_\_ Yes/ No If yes, please attach.

Does the agency have a perpetuation plan? \_\_\_ Yes/ No

Is agency currently dealing with an extraordinary service constraint?: \_\_\_ Yes/ No If yes, please explain: \_\_\_\_\_

What are your best sources of new business for the agency? \_\_\_\_\_

How does your agency generate leads?: \_\_\_ Advertising \_\_\_ Direct Mail \_\_\_ Sponsorships \_\_\_ Speaking Engagements

\_\_\_ Community Events \_\_\_ Other, please explain \_\_\_\_\_

What area do you market? (This city only or surrounding areas) Please explain: \_\_\_\_\_

Do you solicit all personal lines of insurance, i.e. Flood, Valuable Items, Umbrella, Boat? \_\_\_\_\_ Yes/ No

Does the agency use an incentive program with producers or CSR's? \_\_\_ Yes/ No If yes, please explain. \_\_\_\_\_

Comparative Rater? \_\_\_ Yes/ No If yes, name of rater: \_\_\_\_\_ Are CSRs requires to use rater? \_\_\_ Yes/ No

## Agency Appointment Information

Carriers in Your Agency: Prior Year end Written Premium (WP)

Top PL Carriers	% of Volume	Direct Contract or thru MGA?	PL WP (\$)	Auto WP (\$)	*Auto Loss Ratio%	Home WP (\$)	*Home Loss Ratio%	Do you use a service center?
		Totals:						

\*Attach actual company results for the last 3 years.

Flood Carrier Name	Flood ID:	Flood WP (\$)	Commission%	Boat/ Yacht Carrier	Total Boat/Yacht WP (\$)	# of Boat/ Yacht Customers

Top 3 New Business PL Carriers

Rank	Carrier Name	Years Appointed

Names of Companies withdrawn from you agency within the past twelve months, please provide the reason why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What factors influence your agency's decision when choosing to place PL Business with a carrier? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the following information. If no answer, please type none	Personal Lines %
% of customers serviced by a company service center?	
% of transactions via upload/ download?	
% of accounts paying by EFT or credit card?	
% of claims reported directly to carrier?	

## Agency Appointment Information

Total agency P&C written premium (PL + CL) : \$ \_\_\_\_\_

Percentage PL written premium: \_\_\_\_\_%

PL Commission Revenue: \$ \_\_\_\_\_ % Change from last year: \_\_\_\_\_%

Annual New PL WP: \$ \_\_\_\_\_ PL Growth Goal %: \_\_\_\_\_%

Total # of PL customers/ Insured (Not Policies) \_\_\_\_\_ Total # of PL Policies: \_\_\_\_\_

% of Monoline/ Account business (PL): \_\_\_\_\_ %/ \_\_\_\_\_ %

% of Monoline business that is homeowners? \_\_\_\_\_% Auto? \_\_\_\_\_% % of business that is non-standard?: \_\_\_\_\_%

Expectations for %growth over next 2 years: \_\_\_\_\_

Do you currently track your Source to Sale? \_\_\_\_\_ Yes/No

Do you track clients quoted as well as sales? \_\_\_\_\_ Yes/ No

Do you track lost business? \_\_\_\_\_ Yes/ No How do you track? \_\_\_\_\_

If yes, how many do you lose on an average month? \_\_\_\_\_

How many auto quotes do you average monthly? \_\_\_\_\_

How many auto new business do you average monthly? \_\_\_\_\_

How many homeowner quotes do you average monthly? \_\_\_\_\_

How many homeowners new business do you average monthly? \_\_\_\_\_

Please provide the following information. If no answer, please type none.

Agency Mgmt System (i.e. Applied, AMS, Etc.)	Vendor Version:	Choicepoint J Node:
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Do you want download?	Ivans Acct #:	Download contact name:	Download contact email:	Download contact phone:
Transaction Filing? Yes ___ No ___	Transformation Station (Applied) Yes ___ No ___	Get Real-Time?	Transact Now? (AMS)	

Do you have access to the Internet via Internet Explorer? \_\_\_ Yes \_\_\_ No If no, please provide browser name: \_\_\_\_\_

If yes, please provide Internet Explorer Version: \_\_\_ 6.0 \_\_\_ 7.0

What best describes your agency structure with regard to Personal Lines?

\_\_\_ Has a separate managed unit that focuses exclusively on Personal Lines accounts?

\_\_\_ One or more staff are dedicated exclusively to personal lines but not part of a separately managed unit?

## Agency Appointment Information

Total # P & C Staff in agency \_\_\_\_\_

CSRs \_\_\_\_\_ Producers \_\_\_\_\_ PL Manager \_\_\_\_\_ Principals \_\_\_\_\_ Other \_\_\_\_\_

Key Personnel Data: List All - Agency Principals, Personal Lines Manager, Supervisors, CSRs, etc.

Name & Home Address:	Title/ Position	SS# & DOB	Yrs Exp	% of Time PL
Name & Home Address:				
Name & Home Address:				
Name & Home Address:				
Name & Home Address:				
Name & Home Address:				
Name & Home Address:				