



# Agency Insurance Company

## APPOINTMENT APPLICATION

Please fill out this application completely. Email or fax this application and all required attachments to:

Agency Insurance Company  
Attn: Agency Relations  
Email: [LReed@aiconline.com](mailto:LReed@aiconline.com)  
Fax: 800-966-6924

### GENERAL

Licensed Agency Name *(corporate name)* \_\_\_\_\_

Agency T/A or DBA Name *(if applicable)* \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Years Agency in Business \_\_\_\_\_ Number of Locations \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Check One: Corporation Partnership LLC Sole Proprietorship: Sole Proprietor SSN \_\_\_\_\_

Full Name(s) of Agency Principal(s)/Owner(s)  
\_\_\_\_\_

Total Years Owner(s) in the Property-Casualty Business \_\_\_\_\_ Number of Employees in this Location \_\_\_\_\_

Professional Organizations in which Agency is Affiliated \_\_\_\_\_

### AUTOMATION & AGENCY MANAGEMENT

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

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

Do you use an Agency Management System? (ex.: Applied, AMS) No Yes, Brand \_\_\_\_\_

Do companies download into your Agency Management. System? No Yes, via an IVANS Mailbox

Does your agency scan and store documents electronically? No Yes

Does your agency use a Comparative Rater? No Yes, Brand \_\_\_\_\_

Number of carriers on your comparative rater \_\_\_\_\_

**AGENCY BUSINESS PROFILE**

Your Business Mix Percentages: Commercial\_\_\_\_% Personal\_\_\_\_% Life&Health\_\_\_\_% Other\_\_\_\_%

Total Annualized Written Premium: \$ \_\_\_\_\_

Total Personal Lines Premium: \$ \_\_\_\_\_ (based on above percentage)

Total Personal Auto Premium: \$ \_\_\_\_\_

Total Commercial Auto Premium: \$ \_\_\_\_\_

| Three Largest Volume Personal Automobile Carriers | Personal Automobile Premium Volume | Personal Automobile Loss Ratio |
|---|------------------------------------|--------------------------------|
| 1 _____   | \$ _____                           | _____ %                        |
| 2 _____   | \$ _____                           | _____ %                        |
| 3 _____   | \$ _____                           | _____ %                        |

| Three Largest Volume Commercial Automobile Carriers | Commercial Automobile Premium Volume | Commercial Auto Loss Ratio |
|---|--------------------------------------|----------------------------|
| 1 _____   | \$ _____                             | _____ %                    |
| 2 _____   | \$ _____                             | _____ %                    |
| 3 _____   | \$ _____                             | _____ %                    |

| Three Largest Volume Homeowner Insurance Carriers | Homeowner Premium Volume | Homeowner Loss Ratio |
|---|--------------------------|----------------------|
| 1 _____   | \$ _____                 | _____ %              |
| 2 _____   | \$ _____                 | _____ %              |
| 3 _____   | \$ _____                 | _____ %              |

**REQUIRED DOCUMENTATION:**

Current production reports showing premium volume and loss ratios for the past three years.  
Copy of current Error and Omissions Declaration page.

**ADDITIONAL DOCUMENTATION REQUIRED UPON APPROVAL OF APPOINTMENT:**

Copy of current agency license and all producer licenses with social security numbers and dates of birth.  
Banking information for Electronic Funds Transfer and Direct Deposit of Commissions.

The undersigned hereby warrants and certifies that all the information contained herein is correct:

**I certify that I am authorized to commit the above agency to an appointment with Agency Insurance Company of Maryland, Inc. I hereby authorize any inquiry to be made which will provide information concerning character, credit worthiness and the general reputation of the agency and its personnel.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title