

MASTER AGENCY PROFILE AND SUB-AGENT ADDENDUM

Below includes this addendum for the principal location and any sub-agent that will apply under the Agency Agreement. Make copies as needed.

Corporate Name:

DBA/Agency Name	:				
Street Address:					
Mailing Address:					
City, State, Zip Cod	e:				
Email Address:					
Phone: ()		Fax:	()		
Web Site:					
National Producer	Number:				
	cation Established:				
List any addition	al Agents or CSR's	at this location th	at may require a	n appointment*	
Name	Home Address	Email Address	License#	National Producer#	

^{*}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.

^{*}MS agencies - each agent will be subject to a background check & will need to reimburse \$25.00 per appointment.



Agency Appointment Application

Section One: Ownership

Yes/No

Within the last 5 years, has there been any of the following? If "yes", please describe below.

	Yes/No	If yes, please explain			
Change in agency name?					
Change in ownership?					
Merger with or purchase of another agency?					
Section Two: Key Personnel Please list the key agency personnel, including principal agents, owners, officers, and managers (other than personnel listed on profiles).					
Name	ame Position/Title Years of Experience				
Section Three: Number of licenses held within the agency P&C: E&S: CSR:					



Section Four: Miscellaneous

	Yes/No	If yes, please explain
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?		

Does the agency belong to any insurance related associations?	



Section Five: Agency Production

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

Carrier	Premium		Commission %	Date Appo	inted
List any carriers that have	e terminated the	ir contract witl	h the agency in the las	st two years a	and the reason
for the termination.					
Damaadaaa kusalula	£	_			
Percentage breakdown o	r agency busines	S			
	%				%
Line of business		Life/Health/	Investments		
Personal Property		Other			
Personal Auto		Percentage	of Total Book		
Commercial					
		_L			
What was the source of t	his prospect?				
What is the average num	her of HO/DP no	licies written e	each month?		
what is the average ham	ber of floybr po	meres written e	den month:		
Was an annual volume co	ommitment discu	issed? If so, wh	nat amount will the ag	gency commit	t to writing
with PMA's carriers?					



Is there a rollover opportuni	ty?		
From which company?			
How many policies?			
Additional comments or not	es:		

Submit Application