



# Palm Insure

*A Full Service MGA*

## **APPLICATION AND QUESTIONNAIRE FOR AGENCY APPOINTMENT**

### **Person completing application:**

First Name:  Last Name:

Daytime Telephone:

Email Address:

### **Agency Identification:**

Agency Name:

DBA (if applicable):

In Business Since:

Number of Locations:

Organization Type:

Tax ID (FEIN):

### **Street Address:**

Street Address 1:

Street Address 2:

City:  State:  Zip Code:

5777 Beneva Road • Sarasota, FL 34233 • (833)-ASK-PALM • [underwriting@palminsure.com](mailto:underwriting@palminsure.com)

**Mailing Address:**

Street Address 1:

Street Address 2:

City:  State:  Zip Code:

**Agency Phone/Fax:**

Main Phone:  Fax:

Agency Email:

**Section 2: Agency Principals at your firm:**

Please list all principles of your agency, including any officers and owners, and a copy of each 2/20 license must be provided.

**Principal 1:**

First Name:  Last Name:

Title:

Home Address:

City:  State:  Zip Code:

DOB:  SSN:

Agents License No:

**Section 2: Agency Principals at your firm:**

Please list all principles of your agency, including any officers and owners.

**Principal 2:**

First Name:  Last Name:

Title:

Home Address:

City:  State:  Zip Code:

DOB:  SSN:

Agents License No:

**List of Agents and Employees**

**Employee 1:**

First Name:  Last Name:

Agent License No.:  DOB:

Home Address:

City:  State:  Zip:

Email Address:

Position at agency:

**Employee 2:**

First Name:  Last Name:

Agent License No.:  DOB:

Home Address:

City:

State:

Zip:

Email Address:

Position at agency:

**Employee 3:**

First Name:

Last Name:

Agent License No.:

DOB:

Home Address:

City:

State:

Zip:

Email Address:

Position at agency:

**Section 3: Your Current Auto Insurance Carriers And Agency Production**

<i>Company Name</i>	<i>Annual Volume</i>	<i>2 Year Loss Ratio (%)</i>	<i>Years with Company</i>	<i>Comm (%)</i>

**Section 4 About Your Agents And Principals:**

- Are the Agency Principals licensed Agents?  YES  NO
- Is there a licensed agent on the premises at all times?  YES  NO
- Does your agency have E&O coverage?  YES  NO

Name of your E&O Company: *(please attach a copy of the declaration page)*

Insurance Carrier:

Policy No.:

Policy Period:

Limits & Deductibles:

Have you ever had an E&O claim?  YES  NO

If yes, please describe below.

  

**Have any of the Principals or Agents ever:**

- Been refused a surety bond?  YES  NO
- Been arrested, indicted, or convicted of a felony or misdemeanor?  YES  NO
- Been known by another name or conducted business in another name?  YES  NO
- Been refused a license or had a license canceled in any state?  YES  NO
- Declared Bankruptcy?  YES  NO

**Section 5: General Questions:**

Number of PIP/PD only policies written each month?

Number of 10/20/10 auto policies written each month?

Comparative rating system used?

- Website  ITC
- AccuAuto  True Premium

AZ-FSC

Quick Quote

EZ Links

PL Rater (Silver Plume)

*Agency Management System Used?*

## **Section 6: Acknowledgement**

In making this application, it is understood that an investigative background report may be ordered. The Inquiry includes information as to your character, general reputation, and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. This form constitutes an application only, and does not guarantee appointment.

By signing below you attest that all of the information provided is true, complete, and correct, and that reliance is placed on these answers. Any misrepresentation will result in immediate cancellation of your contract.

*Signature:*

*Date:*

*Time:*