



# UNITED INSURANCE

RESPONSIVE • STABLE • INNOVATIVE

## UNITED INSURANCE AGENCY APPOINTMENT INFORMATION FORM

Agency # \_\_\_\_\_ Federal Tax ID or SS# \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL INFORMATION

Agency Name \_\_\_\_\_ County \_\_\_\_\_

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

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

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

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

### AGENCY ORGANIZATION

Agency Principal \_\_\_\_\_ Title \_\_\_\_\_

Agency Principal \_\_\_\_\_ Title \_\_\_\_\_

Agency Principal \_\_\_\_\_ Title \_\_\_\_\_

Years Under Current Ownership \_\_\_\_\_

Total Agency Volume \_\_\_\_\_ % Personal Lines \_\_\_\_\_ % Commercial Lines \_\_\_\_\_

Personal Lines: Total Homeowners Volume \_\_\_\_\_

Personal Property \_\_\_\_\_% Personal Automobile \_\_\_\_\_ %

Approximately how many new homeowners does the agency write per month? \_\_\_\_\_

Flood: Total Flood Volume \_\_\_\_\_

List the top 5 personal lines companies. Include Volume and Loss Ratio

Company Name	Current Year Volume	Current Year Loss Ratio	Prior Year Volume	Prior Year Loss Ratio	2 <sup>nd</sup> Prior Year Volume	2 <sup>nd</sup> Prior Year Loss Ratio

List the major homeowners carriers with Volumes and Loss Ratio

Company Name	Current Year Volume	Current Year Loss Ratio	Prior Year Volume	Prior Year Loss Ratio	2 <sup>nd</sup> Prior Year Volume	2 <sup>nd</sup> Prior Year Loss Ratio

During the past 10 years has the agency acquired/merged with another firm or has changed names?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Is the agency associated, affiliated with, or controlled by any other business interest or persons?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Who is the key management contact individual (s)? \_\_\_\_\_

Does the agency have a written Perpetuation Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is the Plan funded with life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Agency have a written Business Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy or describe in the remark section below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PRODUCTION AND CARRIER INFORMATION**

**Anticipated Volume to United Property and Casualty:**

<b>New Business</b>	<b>Current Year</b>	<b>Next Year</b>

<b>Transfer or Consolidation</b>	<b>Current Year</b>	<b>Next Year</b>

**What percentage of personal lines property is written outside a 10 mile radius of your office location?** \_\_\_\_\_

**List all personal property companies added in the last 2 years.** \_\_\_\_\_

\_\_\_\_\_

**List all companies terminated in the last 2 years and briefly explain why.**

\_\_\_\_\_

\_\_\_\_\_

**What problems have you experienced with other carriers in placing or renewing homeowners business?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What service problems are you experiencing with other homeowners carriers?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are your commission and profit sharing arrangements with other personal property carriers?**

<b>Carrier</b>	<b>Commission</b>	<b>Profit Sharing</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What special commitments do you have with other carriers? (i.e., premium goals, etc.)**

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**Please explain any homeowners/dwelling fire loss ratio that is in excess of \_\_\_\_\_% (Carrier, DOL, description of loss, amt. paid)**

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**MARKETING PROFILE**

**List the primary counties where the agency does business:**

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**How does the agency solicit new homeowner business?**

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**How do you determine to which market your business gets directed?**

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**Total number of Personal Lines Producers in the agency** \_\_\_\_\_

**How does United Insurance fit into your marketing plans?**

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**Please attach:**

- 1. Licensing Information**
- 2. 3 Year Carrier Experience Reports**
- 3. E & O Declarations**
- 4. Agency Business Plan**
- 5. Most Recent Financial Statement**