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| Safeco New Appointment Application for Insure Hive PartnersAll application questions require a response. Incomplete applications will be returned.RETURN To: brian@insurehive.com |
| Agency Principal |
| Name | **E-Mail Address** | **Phone Number** |
|  |  |  |
| Principal Background |
| If new to the Insurance Industry, what was your prior occupation? |
| Do you have a perpetuation plan in place? |
| Do you have a business or marketing plan? |
| Your Agency |
| Agency Name on W9 | **FEIN** | **Date Agency Established** |
|  |  |  |
| Agency Phone Number | **Agency Physical Address** |
|  |  |
| Agency Mailing Address *(if different)* |  |
| Agency Website | **E&O Effective Dates** | **E&O Policy Limit** |
|  |  |  |
| Agency Management System (name) | **Comparative Rater** (name) | **LexisNexis ChoicePoint Node ID** |
|  |  |  |
| General Information |
| Have you previously been contracted or had access to Safeco?If yes, please provide additional details. |
| Have any DOI complaints or violations been made against the agency or current employee? If yes, please provide additional details. |
| Have you ever used a carrier service center? If not, please explain. |
| Total # of Agency Employees | **Total # of PL Producers** | **Total # of PL CSRs** |
|  |  |  |
| Personal Lines Business Profile |
| Total Personal Lines Written Premium? |
| Top 5 Personal Lines Carrier (prior year-end written premium) |
| Carrier Name | **PL Written Premium** | **Retention %**  | **Loss Ratio %** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Book Mix | **Packaged Policy %** | **Preferred %** | **Standard %** | **Non-Standard%** |
|  |  |  |  |  |
| Monthly Personal Lines Volume |
| Line of Business | **Quotes** | **New Business PIF** |
| Auto  |  |  |
| Property |  |  |
| Dwelling Fire |  |  |
| Umbrella |  |  |
| Watercraft / Motorcycle / RV / Classic or Antique Auto |  |  |