|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Safeco New Appointment Application for Insure Hive Partners  All 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 | |  | | | | |  | | |