



APPOINTMENT APPLICATION & PROFILE

Thank you for your interest in doing business with us. Please provide us with the following information.

CONTACT INFORMATION:

Agency Name (Tax Filing for 1099):			
DBA Name:			
Agency Address:		P.O. Box:	
City, State, Zip:			
Phone:		Fax:	
Website:			
<i>Enter the name & email below where you want important documents (such as policy information, policies & endorsements) to be emailed.</i>			
Name:		Email:	
<i>Do you want to receive monthly newsletter emails or periodic company updates? Please enter name & email below. You can unsubscribe at any time.</i>			
Name:		Email:	

Do you have multiple office locations? YES NO *If yes, please complete the directory on page 3. Also indicate where commissions & policies should be mailed.*

AGENCY INFORMATION:

Federal Tax ID #:		Agency License #	
Errors & Omissions Policy Carrier:		E & O Limit:	
E & O Deductible:		E & O Expiration:	
How were you referred to us?			
Breakdown of Premium:	Farm %	Commercial %	Personal %
Does your agency specialize in a particular class or classes?			

List the top 3 Farm Companies you place farm business with:

Farm Company Name:	Farm Premium Volume:	Farm Loss Ratio:

1. Total Gross Written Premium in your agency: \$	
2. Number of Farm Producers working directly for your agency:	
3. Name of each Farm Producer	Number of years of experience in Farm
4. Number of Farm CSR's in your agency:	
5. Average Farm Premium: \$	6. Average Farm Auto Premium: \$
7. Number of Farm accounts written in the last 12 months:	
8. Largest single Farm Premium account written currently through your agency: \$	
9. Estimated Premium with JAIB in the next year? (Min. \$50,000)	

10. Why do you need another farm market?		
11. Where you referred to us by another agent?	YES NO	If yes, who?
12. Does your agency have an expertise in Farm & Ranch segment?		
13. Does your agency dedicate producers to Farm & Ranch to develop sales pipeline?		
14. Will James Allen Insurance Brokers be considered as an important Farm & Ranch writer for the agency?	YES NO	

Have you or any partner of your agency:

- Had a complaint filed against you by Dept. of Insurance or other government agency?
- Filed bankruptcy?
- Had and E & O claim charged against you?
- Had an agency contract terminated?

If so, please explain:

I certify that the information I have given on the application is complete and accurate to the best of my knowledge. I understand my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my appointment.

Signature: _____ Date: _____

Make sure to include all of the following documents in one packet and email to holly@jamesalleninsurance.com or fax to 1-888-860-6083.

- Appointment Application & Profile
- Copy of W-9 Tax Form
- Copy of E & O Dec page
- Copies of all licenses for agency and producers
- Copy of company generated farm loss runs (past 3 years)

Before James Allen Insurance makes the decision to appoint, a regional production underwriting manager will be in contact with your agency.

JAIB Marketing Rep Signature: _____ Appointment Date: _____

