



AGENCY APPOINTMENT APPLICATION

Agency Principal

Name	Soc. Sec. #	E-Mail Address	Phone #
Principal Background			
If new to insurance, what was your previous occupation/ job title?			
Were you or your agency previously contracted with a Captive Carrier?			YES NO
If so what was the name of the carrier?			
What was your role / title in the agency?			
When did/will your contract with this carrier officially terminate?			

Your Agency

Agency Name	FEIN	Date Agency Established	
Agency Physical Address	Phone	Fax	
Agency Mailing Address <i>(if different from physical address)</i>			
Agency Website	E&O Carrier	E&O Policy Number	ChoicePoint Node ID
General Information			
Do you or any of your Producers currently have access to Safeco?			YES NO
If YES, who provides you with this access?			
Does your agency charge fees, or do you plan to charge fees in the future?			YES NO
In total, how many personal lines carriers are you contracted with?			
Total # Agency Employees	Total # Dedicated PL Producers	Total # Dedicated PL CSR's	



Your Book of Business

Total Agency P&C WP	Personal Lines WP	Commercial Lines WP

Top 5 Personal Lines Carriers In Your Agency (Prior year end written premium)

Carrier Name	PL WP (\$)	Retention (%)	Loss Ratio (%)	% of Total NB

Your Monthly Personal Lines Quote and New Business Volume

Line of Business	Quotes per Month	NB Sales per Month
Auto		
Homeowners		
Dwelling Fire		
Boat / Motorcycle / RV / Umbrella		
Total		

Primary Personal Lines Contact (if someone other than Agency Principal)

Name	Soc. Sec. #	E-Mail Address	Phone #
Agency Role			
Agency /PL Manager	Producer	CSR	Other – Please Specify:



Additional Staff To Be Appointed With Safeco

Name	Soc. Sec. #	E-Mail Address	Phone #
Agency Role			
Agency /PL Manager	Producer	CSR	Other – Please Specify:

Name	Soc. Sec. #	E-Mail Address	Phone #
Agency Role			
Agency /PL Manager	Producer	CSR	Other – Please Specify:

Name	Soc. Sec. #	E-Mail Address	Phone #
Agency Role			
Agency /PL Manager	Producer	CSR	Other – Please Specify:

Name	Soc. Sec. #	E-Mail Address	Phone #
Agency Role			
Agency /PL Manager	Producer	CSR	Other – Please Specify:

Name	Soc. Sec. #	E-Mail Address	Phone #
Agency Role			
Agency /PL Manager	Producer	CSR	Other – Please Specify:



CENTRAL REGION

Additional Agent Information

Processing Instructions (FOR INTERNAL USE ONLY)