



AGENCY APPLICATION

General Information

Agency Name _____

DBA _____ FEIN _____

Primary Location Street Address _____

Mailing Address/P.O. Box _____ City _____ State _____ Zip _____

Telephone (____) -- ____ -- ____ Website _____

(Additional Locations- Please complete Additional Locations Sheet as needed)

Key Agency Licensing Contact

Name _____ Telephone (____) -- ____ -- ____ Email _____

Corporate Information

Individual Partnership Corporation Agency Mix of Business: Commercial: ____% Personal: ____%

Total Premium by Line of Business: WC: \$ _____ Auto: \$ _____ GL: \$ _____ Property: \$ _____

WC Premium by State: AL _____ AR _____ FL _____ GA _____ KS _____ LA _____ MS _____

MO _____ NC _____ SC _____ TN _____ VA _____

(Please indicate all states that agency writes WC in for appointment purposes)

Yr Agency Established _____ Number of FT Employees _____ Number of Licensed Commercial Producers _____

Owners and Ownership Interests in Agency: (Attach resumes or biographies, if available)

Name	Title/Ownership %	Email Address

List any current agency state licenses: _____

Agency Automation

Agency Management System _____ Software Version _____ Internet Browser _____



Agency Strategies

Yes/No

Commercial Lines Marketing Department?

Producers/Market Their Own Accounts?

CSR's/Account Managers Market Accounts?

Large Books of Homogeneous Business?

Agency Areas of Focus

Expertise in Any of These Industry Segments: Yes/No

Specialty Transportation

Allied Healthcare

Manufacturing

Construction

Agriculture

Does the agency target any other specific industry? _____

Company Representation

Have any companies withdrawn from your agency during the past three years? _____

If yes, please identify the company and explain the reason:

Please attach Carrier Production Reports for your top 3 workers' compensation carrier partners, for the past 3 years.

Total Workers' Compensation Premium Placed with Wholesale Broker/MGA's: \$ _____

Wholesale Broker/MGA Name	Annual Premium Placed	Classes Written
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide brief narrative of why you think that your agency would be a good fit with Amynta Work Comp Solutions:



General Info

*If the answer is "yes" to any of the following question, please explain on a separate sheet of paper.

Yes/No

Have you ever had your agent's license or registration suspended or revoked?

Have you ever been the subject of a professional license/registration or market conduct investigation, claim or proceeding?

Have you or any member of your agency been convicted of or plead guilty to a felony, including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law?

Has this agency, principal, or licensed agent been a defendant in any civil proceedings, including bankruptcy proceedings, in which allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, breach of fiduciary duty, or forgery been made?

Has any claim been made against you, your surety company, or errors and omissions insurer or have you been refused surety bonding?

Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations or bankruptcy?

Agent's Declaration and Authorization

1. I hereby certify that all my answers to the above questions are true to the best of my knowledge and an accurate Statement of Fact. I understand that if any material information provided herein is found to be incorrect or incomplete, it will be grounds for termination for cause at the sole discretion of the Company.

2. I authorize the Company to use this information where it is permitted by law and only for the purpose of transacting the business of insurance and to fulfill legal and regulatory requirements. I acknowledge that I have no objection to the Company investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

3. I acknowledge that the Company may choose to secure and use information contained in a consumer report, credit report, background report, licensure report, or investigative consumer report when making a decision regarding my appointment as an agent of the Company.

4. Certification – Under penalties of perjury, I certify that the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

Signature of Agency Principal

Date of Application

Please remember to attach the following information: 1) Carrier Production Reports for top 3 WC carriers. (Required) 2) Resumes of principals (If Available) 3) Agency organizational chart (If Available)

(Applications without Carrier Production reports are incomplete and cannot be considered for appointment.)

E-mail completed application and supporting documents to your Underwriting Contact or AWCSMarketing@amyntagroup.com

Supplemental- Additional Locations Form (Complete as necessary)

Location 2 Name: _____

Location Street Address _____

Mailing Address/P.O. Box _____

City _____ State _____ Zip _____ Key Contact _____

Phone Number (_____)--____--____ Email _____

Location 3 Name: _____

Location Street Address _____

Mailing Address/P.O. Box _____

City _____ State _____ Zip _____ Key Contact _____

Phone Number (_____)--____--____ Email _____

Location 4 Name: _____

Location Street Address _____

Mailing Address/P.O. Box _____

City _____ State _____ Zip _____ Key Contact _____

Phone Number (_____)--____--____ Email _____

Location 5 Name: _____

Location Street Address _____

Mailing Address/P.O. Box _____

City _____ State _____ Zip _____ Key Contact _____

Phone Number (_____)--____--____ Email _____

Location 6 Name: _____

Location Street Address _____

Mailing Address/P.O. Box _____

City _____ State _____ Zip _____ Key Contact _____

Phone Number (_____)--____--____ Email _____