## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Full Name: |   | Date: |  Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| Address: |   | Click here to enter text. |
|  | Street Address | P.O. Box |

|  |  |  |  |
| --- | --- | --- | --- |
|  |   |   |   |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |   | Fax: |   | Website: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Federal Tax ID# |   |  Brokers License # |   |

|  |  |
| --- | --- |
| E&O Carrier: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| E&O Limits: $ |   | E&O Deductible: $  |   | E&O Exp Date: |   |

## Primary Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Principal: |   |  Email: |   | Phone: |   |
| Claims Contact: |   |  Email: |   | Phone: |   |
| Accounting Contact: |   |  Email: |   | Phone: |   |
| Marketing Contact: |   |  Email: |   | Phone: |   |

\*See page 3 for additional office contacts ie: completed list of producers, account representatives, etc.

|  |  |
| --- | --- |
| Do you have multiple locations?If yes, please list? |   |

|  |  |
| --- | --- |
| What Agency Management System do you use? |   |

|  |  |
| --- | --- |
| What is your agency’s premium volume? | $  |

|  |  |
| --- | --- |
| What is your agency’s total number of employees? |   |

|  |
| --- |
| What type of business classifications or lines of coverage does your agency primarily handle? Example: Restaurants,  |
| Contractors, Habitational, specific niche or program, etc: |
| 1.
 |  | 5.  |
| 1.
 |  | 6.  |
| 1.
 |  | 7.  |
| 1.
 |  | 8.  |
|  |

## Book of Business

|  |  |  |  |
| --- | --- | --- | --- |
|  What are the percentages for your mix of business?  |  Personal Click here to enter text.% | Commercial Click here to enter text.% |   |
|  Check the boxes for Jimcor divisions you are interested in:  [ ]  Professional [ ]  Transportation [ ]  Workers Compensation |

## Current Carrier Partners

|  |  |  |
| --- | --- | --- |
| Name of Insurance Carriers with Direct Appointment: |  | Years of Representation” |
| 1.
 |  |   |
| 1.
 |  |   |
| 1.
 |  |   |
| 1.
 |  |   |

|  |  |  |
| --- | --- | --- |
| What other Wholesalers to you currently use? |  | What type of business do you use them for? |
| 1.
 |  | 1.  |
| 1.
 |  | 2.  |
| 1.
 |  | 3.  |

|  |
| --- |
| Which of the following associations are you current a member? |
|  [ ] PIA | [ ]  CIB | [ ]  IIA | [ ]  MAIA | [ ]  IIAB | Other:  |   |

|  |
| --- |
| **Please attach a copy of your current licenses, E&O policy DEC sheet or certificate of insurance.** |
| In accordance with FCC Regulations we are not allowed to send you valuable marketing information form Jimcor via fax and email without your permission. By signing below it is understood that you have given Jimcor permission to send you information via fax and email. |

 Click here to enter a date.

|  |  |  |
| --- | --- | --- |
| Signature of agency owner, principal, partner or officer | Date |  |

|  |
| --- |
| Please return this document via e-mail to marketing@jimcor.com |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Reviewed and Approved By: |  |  |  |   |
|  | Jimcor Representative |  | Date  |
|  |  |  |  |  |
|  Correspondent’s Agreement Sent: | [ ]  YES |  [ ]  NO |  |   |
|  |  |  |  | Date |

|  |
| --- |
| **Policy Delivery Information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personal Lines Policies are to be emailed to: | Name: |   | Email: |   |
| Commercial Lines Policies are to be emailed to: | Name: |   | Email |   |

**Policy Delivery Information**

|  |
| --- |
| **Accounting Statement Online Access** |

I hereby authorize the following agency personell to have online agency statement access for our firm, via Jimcor’s Online Agency Service and Information System, OASIS, at [www.jimcor.com](http://www.jimcor.com)

|  |  |  |
| --- | --- | --- |
| Name |  | Email |
| 1.
 |  |   |
| 1.
 |  |   |
| 1.
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| 1.
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| 1.
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|  |  |
| --- | --- |
|  |  |
| Print Name and Title |  Signature and Date  |
|  |  |

|  |
| --- |
| **Additional Contacts** |

|  |  |  |
| --- | --- | --- |
| Name |  | Email |
|   |  |   |
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