



I. Agency Information

Agency Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Agency Management System: _____

States to be licensed in : DE DC GA KY MA MD NJ NC PA SC TN VA WV

II. Agency Ownership

Sole Proprietor Partnership Corporation Limited Liability Corp. Other: _____

Year Established: _____ Federal Tax ID Number: _____

1099 Required? YES NO

Who should renewals, endorsements and other notices be sent to? AGENCY INSURED

Primary Principal: Name: _____ % of Company Owned: _____

Email: _____

Other Principal(s): Name: _____ % of Company Owned: _____

Email: _____

Name: _____ % of Company Owned: _____

Email: _____

III. Agency Premium Information

Annual Property and Casualty Premium: \$ _____

Commercial _____%; Personal _____%

New Premium Commitment to Westminster American Insurance Company (per year):

First Year: \$ _____ Second Year: \$ _____ Third Year: \$ _____

IV. Agency Appetite

On a scale from 1 (least interested) to 5 (most interested) please rate the level of interest your agency has for writing the following business with WAIC:

- | | | |
|---|--------------------------|---------------------------------|
| ___ Apartment Buildings | ___ Condominiums | ___ Co-operatives |
| ___ Hotels/Motels | ___ Retail/Service Risks | ___ Office Buildings & Contents |
| ___ Strip Shopping Centers | ___ Multi-Occupancies | ___ Small Restaurants |
| ___ Vacant Land/Real Estate Development | | |

V. Agency Background (You may attach responses on separate sheets if desired.)

Please give a brief background of your agency, including the agency's principals and key personnel.

V. Agency Background (continued)

Please detail your agency's Perpetuation Plan.

Please describe any programs or markets that your agency specializes in writing.

What are your expectations of Westminster American Insurance Company?
How do you believe we can help your agency?

VI. Key Agency Contacts

Agency Manager: Name: _____ Title: _____

Email: _____ Phone: _____

Commercial Lines: Name: _____ Title: _____

Email: _____ Phone: _____

Technical Contact: Name: _____ Title: _____

Email: _____ Phone: _____

Marketing Manager: Name: _____ Title: _____

Email: _____ Phone: _____

Licensing: Name: _____ Title: _____

Email: _____ Phone: _____

Agency Email (for delivery of all agency correspondence): _____

VII. Documentation

Please provide the following materials:

- The last three years of hard copy loss runs for your three largest commercial Property & Casualty Carriers.
- A copy of your current Errors & Omissions declarations page.
- A list of all individuals to be licensed with Westminster American Insurance Company including all of the following information: name, title, home address, date of birth, state(s) of insurance licensure & copies of licenses, social security number, insurance designations, telephone number and email address.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Name: _____ Date: _____

Signature: _____