



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 : DC DE GA KY MA MD NC NJ  
PA SC TN 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.

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V. Agency Background (continued)

Please detail your agency's Perpetuation Plan.

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

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

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VI. Key Agency Contacts

Agency Manager: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Commercial Lines: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Lines: 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: \_\_\_\_\_