



Select Insurance Markets, LP

**NEW APPOINTMENT CHECKLIST:**

- SIM New Agency Profile
- SIM Producer Agreement
- Agency License and All Producer/CSR Licenses
- W- 9
- SIM EFT and Copy of Voided Check
- Copy of current E & O Certificate
- Copy of Agency Business/Marketing Plan



Select Insurance Markets, LP  
www.selectinsurancemarkets.com

### New Agency Profile

AGENCY NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 LEXIS NEXIS/CHOICEPOINT # \_\_\_\_\_  
 WEBSITE: \_\_\_\_\_

KEY PERSONNEL

NAME	TITLE/POSITION (Owner, Principal, Producer, CSR, etc.)	YEARS OF EXPERIENCE	EMAIL

Is any business conducted other than insurance? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are any agency acquisitions/mergers pending? List any agencies acquired/merged in the past three (3) years. \_\_\_\_\_  
 \_\_\_\_\_

Have any carriers withdrawn from the agency or whose representation you have relinquished within the past five (5) years? State company and reason for withdrawal or resignation. \_\_\_\_\_

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Describe the sources of the majority of agency's prospects. \_\_\_\_\_

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Is the agency currently automated? If yes, list type of system. \_\_\_\_\_

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PERSONAL LINES

TOP 5 CARRIERS	APPOINTMENT YEAR	TOTAL PREMIUM VOLUME