



PROSPECTIVE PRODUCER APPLICATION
AGENCY INFORMATION

Agency Name:

Physical Address:

County: City: State: Zip Code + 4:

Phone: Fax:

Mailing address (if different from above):

Mailing Address:

County: City: State: Zip Code + 4:

Federal I.D. Number:

Legal Business Entity: Corp. LLC Partnership Individual
Other, describe:

Current E & O Carrier: Limits: Exp Date:

Have you ever had an E & O claim or a potential E & O claim? If yes, please provide details: Yes No

Agency License Number: Expiration Date:

Have you ever had any Dept. of Insurance administrative penalty from any State? Yes No
If yes, please provide details:

Website Address:

Agency Principals:

Table with 6 columns: Name, Title/Position, D/O/B, Years w/ Agency, Email Address, License Number. It contains four empty rows for data entry.



PROSPECTIVE PRODUCER APPLICATION

OFFICE PROFILE

| Key Producers to be Licensed | Title/Position | Date of Hire | Years In Insurance | Email Address | License Number |
|------------------------------|----------------|--------------|--------------------|---------------|----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

Total number of employees:

Other Office Locations:

None:



PROSPECTIVE PRODUCER APPLICATION

MARKETING PROFILE

Year agency was established:

| | Written Premium | | | | Premium Volume | Mix of Business | |
|-------------------|-----------------|--------------------|--------------------|---------------|----------------|-----------------|-----------------|
| | Home | Auto | Other | | | | |
| Personal | \$ | \$ | \$ | | \$ | % | |
| | | | | | | | |
| | BOP | Artisan Contractor | Commercial Package | Business Auto | Workers Comp | Premium Volume | Mix of Business |
| Commercial | \$ | \$ | \$ | \$ | \$ | \$ | |
| Total | | | | | \$ | | |

| Forestry Operations | | | | | | | |
|--------------------------------|-----|---------------|--------------------|---------------|--------------|----------------|-----------------|
| | BOP | Inland Marine | Commercial Package | Business Auto | Workers Comp | Premium Volume | Mix of Business |
| Logging | \$ | \$ | \$ | \$ | \$ | \$ | |
| Sawmill | \$ | \$ | \$ | \$ | \$ | \$ | |
| All Other Wood Products | \$ | \$ | \$ | \$ | \$ | \$ | |
| Total | | | | | | | |

Primary Market States:

North Carolina South Carolina Virginia Georgia Tennessee Mississippi

Other:

Do you have a new business prospecting program in place? Yes No

If yes, please explain:

Is there potential for a Book Transfer? Yes No

If yes, provide name of company and loss ratio:

Anticipated volume in Forest Products with Forestry Mutual in 3 years? \$

5 years? \$



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MARKETING PROFILE (continued)

| <u>Primary Commercial Companies</u> | <u>Years Represented</u> | <u>Volume</u> |
|-------------------------------------|--------------------------|---------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Any Companies discontinued in the past 5 years? Yes No

If yes, provide name of company & reason for termination:

Include a short history of your agency:

Please include the following with this report:

- **A copy of current agency license and producer license(s).**
- **A copy of current E & O Declaration Page with endorsement pages.**

Click here to email
your application

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