



ISM Appointment Application



General Information

Name _____
 Address (home) _____
 City _____ County _____ State _____ Zip _____
 Address (office location) _____
 City _____ County _____ State _____ Zip _____
 Referral Source: _____ Phone _____
 Email Address: _____ Fax _____

Marketing Profile

Year Established _____ Total Premium Volume (Personal & Commercial) \$ _____
 Mix of business: Personal Lines _____% Commercial lines _____% Other _____%
 E&O Insurance? Yes No Carrier _____ Exp. Date _____
 E&O Limits _____ Deductible _____ P&C License # _____
 Growth Goals: 1st Year _____ 2nd Year _____ 3rd Year _____

Company Experience

LIST ALL STANDARD CARRIERS	WRITTEN PREMIUM/LOSS RATIO*					
	Current Year		1 st Prior Year End		2 nd Prior Year End	
1.	\$.	\$.	\$.
2.	\$.	\$.	\$.
3.	\$.	\$.	\$.
4.	\$.	\$.	\$.
5.	\$.	\$.	\$.
6.	\$.	\$.	\$.

The undersigned hereby represents that they are a duly authorized representative of the above named insurance agency. The undersigned further represents and acknowledges that the information provided is accurate and that it will be relied upon by the Master Agency to evaluate the potential business relationship with Applicant.

Applicant's Signature _____ Date _____