



Phone/Fax: 866.443.8859 info@apagents.com

In Addition to the completion of the Agent Survey Below, please include the following:

- Copy of all Current Insurance Licenses
- Copy of Current E&O Dec. Page
- Any Additional relevant information in the notes section

Agency Name: _____

Tax ID Number: _____

Physical Address: (List additional locations in Notes on last page)

Street: _____

City: _____ **State:** _____ **Zip** _____

County: _____

Mailing Address (If different):

Street: _____

City: _____ **State:** _____ **Zip** _____

County: _____

Phone Number: _____ **Fax Number:** _____

Years in Business: _____ **Website:** _____

License Info:

License #: _____

License Exp. Date: _____

States Licensed: _____

NPN#: _____

E&O Info:

E&O Carrier: _____

E&O Policy#: _____

E&O Limits: _____

E&O Expiration Date: _____

PL & CL Rater(s): _____

Agency Management System: _____

New Business Written Monthly: Premium - \$ _____ Policies - _____

Source(s) of New Business: _____

PL or CL Niches/Specialties: _____

How did you hear about API?: _____

Has your Agency ever been terminated by a Carrier (Yes/No)? _____

If Yes, Please list: When, Which carrier, and Reason for Termination.

Agency Volume:

Total Personal Auto Volume: _____
Total Homeowners Volume: _____
Total Personal Lines Volume: _____
Total Commercial Volume: _____
Total Agency Volume: _____

Agency Contacts

Principal Name: _____
Principal Email: _____

Accounting Name: _____
Accounting Email: _____

Servicing Name: _____
Servicing Email: _____

Direct Carrier Appointments

Please list the carriers you are appointed with directly and volume of business
If you access a carrier through a Wholesaler or Network, please indicate their name

Name of Carrier	Volume	Direct Appointment (Y/N) / Wholesaler/Network Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes: _____

Completed & Submitted by: _____
(Name and Title)

Date: _____