



Phone/Fax: 866.443.8859 [info@apagents.com](mailto: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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed & Submitted by: \_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_