



Agency Appointment Questionnaire

Agency Name: _____ Fed Tax Id: _____
 Principal: _____ Title: _____ Years in Industry: _____
 Principal: _____ Title: _____ Years in Industry: _____

I. Agency Information

Address: _____

Phone: _____ Fax: _____
 Email: _____ Website: _____

Corporation: Partnership: Sole Proprietorship:

Choice Point Node ID: Yes No If yes please provide: _____

Agency Management System: _____

Years Established: _____ # of years at current Location: _____

Error and Omissions Carrier: _____

Limits of Liability: _____ Policy Effective Date: _____

(Attach a copy of E & O)

Any Additional Locations? Yes No

(If yes please attach schedule with location agency information and licenses.)

Is this agency a Wholesaler, MGA or Aggregator? Yes No

Is this agency licensed in any other states other than New York? Yes No

If yes what other states? _____

II. Personnel

FULL NAME		# YEARS	LICENSED
Principals/Departmental Managers	POSITION	EXPERIENCE	Y/N

(Please attach copies of licenses)

FULL NAME		# YEARS	LICENSED
Account Executives/CSR's/Producers	POSITION	EXPERIENCE	Y/N

(Please attach copies of licenses)

III. Total Volume and Mix of Business:

Please Indicate Total Written Premium Volume for each LOB listed below:

All Lines/All Companies		Business Owner Policy	
Dwelling Fire		Artisans Liability	
Homeowners		All Other Lines:	

Agency Direct Appointment (Please attach production history):

Carrier	Written Premium	Loss Ratio	1st Year Anticipated Writing with Kingstone Insurance

Have you been cancelled by any carrier (explain): _____

NON-Direct Appointments, MGA, and Wholesalers (Please attached production history is available):

Carrier	Written Premium	Loss Ratio	1st Year Anticipated Writing with Kingstone Insurance

Have you been cancelled by any MGA or Wholesaler (explain): _____

How did you hear of Kingstone Insurance Company? _____

Comments: _____

Agent Name: _____ Agent Signature: _____
(Please Print)