



Agency Appointment Package

Thank you for your interest in Kingstone Insurance Company. Kingstone values our relationships with our Select Producers and is interested in learning more about prospective partners.

To be considered for an appointment with Kingstone Insurance Company, please:

- **Complete the Agency Appointment Questionnaire**
- **Provide production reports from the prior three years from your top three carriers**
- **Errors and omissions declaration page**
- **Licenses – corporate and personal**

Please send your completed package to marketing@kingstoneic.com. Once reviewed the Marketing Director for your territory will contact you.



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:

Does your agency Download? Yes No If yes, please provide IVANS ID: _____

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)