



PROSPECTIVE AGENCY INFORMATION FORM

GENERAL INFORMATION

Date: _____

Agency Name: _____

Agent/Principal Name: _____

Mailing Address: _____

Street Address: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Agency Website (URL): _____

County of Agency Location: _____

Agency Principals:

1. _____ % Ownership: _____ SSN/Tax ID: _____

2. _____ % Ownership: _____ SSN/Tax ID: _____

3. _____ % Ownership: _____ SSN/Tax ID: _____

4. _____ % Ownership: _____ SSN/Tax ID: _____

AGENCY PROFILE

Primary office space: _____

(A) Office Building/Storefront/Retail; (B) Home; (C) Other

Multiple Locations: Yes No

List Additional Locations: _____

Total number of agency employees: 1 2 3+

Number of producers: 1 2 3 4 5+

Agency Management System: _____

Carriers you are currently pursuing appointments with:

1. _____

2. _____

Carriers you are currently de-emphasizing:

1. _____

2. _____

LICENSING

Agent Licensee Name: _____

License Number: _____

Year Agency Established: _____

Years of experience as an Agency Principal or CSR: _____

Business Type: _____

(S)ole Proprietorship; (P)artnership; (C)orporation; (LLP) Limited Liability Partnership; (LLC) Limited Liability Corporation

E & O

E & O Carrier: _____

E & O Policy Number: _____

Policy Expiration Date: _____

Limits of Liability: \$ _____

PRODUCTION

Total agency residential property volume: \$ _____

Percentage of total agency volume: Personal Lines %: _____ Commercial Lines %: _____

Residential property new business volume as of prior year end: \$ _____

Current carriers utilized for new residential property business:

	Carrier	Last Year Volume	Last Year Loss Ratio	Est. New Monthly Applications
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Expected first 12 month annual volume with Frontier: \$ _____

How many new residential policies will you send Frontier monthly? _____

Where is the majority of business you write located? _____

PRODUCTS OF INTEREST:

HO-A HO-B TDP-1 TDP-2

Dwelling Loss Settlement: ACV RC

Credit Scored: Yes No

Comments: _____

MISCELLANEOUS

Has any member of your agency been fined, suspended, or received disciplinary action by a state insurance department or other regulatory authority? Yes No

If Yes, please explain: _____

Has any carrier cancelled or declined to renew your business in the past 3 years? Yes No

If Yes, please explain: _____

How did you hear about Frontier General? _____

COMMENTS

The maker of the foregoing application hereby authorizes Frontier General Insurance Agency, Inc. to confirm items comprising this application and to conduct or order any investigation deemed necessary to establish qualifications. The Undersigned hereby certifies that all information provided is current and factual to the best of his or her knowledge.

Signature

Date

Please return by mail or fax to: Contracts and Licensing
Frontier General Insurance Agency, Inc.
P.O. Box 230
Fort Worth, TX 76101
Fax: 817.862.4037

THANK YOU FOR YOUR INTEREST IN FRONTIER GENERAL!