



Application Instructions

If you already have Professional Liability coverage through another insurer, getting a quote from Agency Advantage is easy as 1,2,3!

1. Download and complete the 1-page Questionnaire.
2. Attach an electronic copy of the application you're submitting to your current carrier.
3. Email both to info@agency-advantage.com or using this cover sheet, fax to us at 1-866-461-1229

If you have any questions, please call one of our representatives at (866) 461-1228 Monday thru Friday between 8:30 a.m. and 5:00 p.m. EST.

FAX

To: Affinity Insurance Services, Inc. From: _____

Fax: (866) 461-1229 Pages: _____

Phone: (866) 461-1228 Date: _____

Re: Agency Advantage Professional Liability Program Application _____

Questionnaire

1. Name of Applicant: _____
2. Date agency was established: _____ If less than 3 years, attach resume(s) of principals.
3. Are you a member of ASPN? Yes No
4. Are you a member of any other associations? Yes No
5. Please provide the following information for the past 12 months (estimate 12 months of business if new firm):

Year	P & C Premium Volume	P & C Commission	Life & Health Commission	Other Insurance Related Income	Policy Count
	\$	\$	\$	\$	

6. Have you, during the past 12 months, placed business acting as a wholesaler (business placed on behalf of other agents/brokers) or as an MGA/MGU/PA? If so, provide gross commission \$_____ and net commission \$_____.
7. Please provide premium volume and commission income for the last 12 months in the following areas of placement:

	Premium Volume	Commission		Premium Volume	Commission
Commercial			Energy/Pollution/Environmental		
Automobile – Standard			Liquor Liability		
Automobile – Nonstandard			Farm Owners & Livestock Mortality		
SMP / BOP			Crop/Hail (Crop Supplement Required)		
CGL			Other (Specify)		
Umbrella/Excess					
Workers Compensation			Personal		
Long Haul Trucking			Automobile – Standard		
Inland Marine			Automobile – Nonstandard		
Ocean/Wet Marine			Homeowners		
Bonds			Flood		
Aviation			Umbrella		
Medical Malpractice			Pleasure Boats		
Prof. Liability (E&O/D&O)			Other (Specify)		

8. Estimate the percentage of business the agency places with carriers that are rated less than B+ or are not rated: _____
9. Estimate the percentage of business placed on a direct-bill basis: _____
10. Does the agency utilize an agency management system? Yes No
11. During the past 5 years, has the Applicant, any other predecessor in business, past or present owner, director, officer, partner, principal, employee or contractor:
 - a. Been the subject of a complaint filed and/or disciplinary action by any insurance regulatory authority? . Yes No
 - b. Had any claim(s) made or suit(s) brought against them? Yes No
 - c. Become aware of any fact, circumstance, or situation which may result in a claim being made? Yes No

If "Yes" to any of the above, please attach an explanation.
12. If you are the sole agent at the applicant firm, please give name and phone number for the licensed agent who will handle your business in the event of your incapacitation or absence. _____
13. Does the Applicant use "power of attorney" to represent the insured? Yes No
14. Does the Applicant offer purchasers of automobile policies (i.e. personal auto and commercial vehicles) the option of increasing Uninsured Motorists limits? Yes No
If "Yes", are the procedures in place to document this communication? Yes No

Print Name _____ Title _____

Signature _____ Date _____