



Select Insurance Markets, LLC

NEW APPOINTMENT CHECKLIST:

- _____ SIM New Agency Profile
- _____ SIM Producer Agreement
- _____ Agency License and All Producers/CSR Licenses
- _____ Tax ID Form W-9
- _____ SIM EFT and Copy of Voided Check
- _____ Copy of current E & O Certificate
- _____ Copy of Agency Business/Marketing Plan

Agency Information

Agency Name: _____ Date: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number: _____ Fax Number: _____

LexisNexis/ChoicePoint #: _____

Website Address: _____

Agency Management System: _____

Comparative Rate: EZ Lynx PL Rater ITC Other: _____

Social Media Accounts: LinkedIn Facebook Twitter Other: _____

Social Media Account Names: _____

Primary Cell #: _____

Business Information

Answer the following information about Key Personnel:

Name	Title/Position (Owner, Principal, Producer, CSR, etc.)	Years of Experience	Email

Is any business conducted other than insurance? Yes* No

Have any carriers withdrawn from the agency or whose representation you have relinquished within the past five (5) years? Yes* No

Please explain all "yes" answers above:

Describe the sources of the majority of agency's prospects:

Is this agency open to receiving TEXT communication to the Cell number(s) on file? Yes No

Answer the following information about Personal Lines:

Top 3 Home Carriers	Appointment Year	Total Premium Volume

Top 3 Auto Carriers	Appointment Year	Total Premium Volume

Answer the following information about Commercial Lines:

Top 3 Commercial Lines Carriers	Appointment Year	Premium	% Auto-BOP-Package

What are your target classes of business?