



APPLICATION FOR APPOINTMENT

I. BROKER INFORMATION

Agency Name: _____
 Physical Address: _____
 City, State, Zip: _____
 Telephone No: _____ Website: _____
 Year Established: _____ No. of Producers: _____ No. of Office Locations: _____
 Billing Address: _____
 Billing City, State, Zip: _____

II. AGENCY CONTACTS:

NAME	TITLE	EMAIL ADDRESS

III. PREMIUM INFORMATION:

Annual Agency Premium: _____

IV. MARKET INFORMATION:

How did you hear about Gorst & Compass? _____
 What Gorst & Compass products are you most interested in? _____

Please list the wholesale brokers or MGAs used by your agency below: (Attach additional pages, if needed)

Wholesale Broker or MGA Name:	Annual Premium Placed	Lines of Business

Please list the direct markets used by your agency below:

Direct Markets Name:	Annual Premium Placed	Lines of Business

V. PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- Copy of Agency License(s)
- Copy of Agency's Current E&O Dec Page
- Signed and Completed W-9 Form
- Signed and Completed Producer Agreement

Please return the completed application along with all noted documents in Section V to:
agencyappts@gorstcompass.com