



AGENCY APPOINTMENT APPLICATION

Thank you for your interest in an appointment with Gorst & Compass. For partnership consideration, please email the completed application to agencyappts@gorstcompass.com. Questions regarding the appointment process can be directed to AnaMari Smith asmith@gorstcompass.com or 310-803-6892.

Agency Information

Agency Name:		Date:	
DBA:		FEIN:	
Principal Name:		Website:	
Address:		Phone:	
	<small>Street address</small>		<small>Suite/Unit</small>
		Email:	
	<small>City</small>		<small>State</small>
			<small>Zip Code</small>

How did you hear about us? _____

How many employees/producers? _____

Does the Agency belong to any affiliate, parent company, membership, partnership?	Yes	No	If yes, please explain	
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Has the department of insurance ever suspended revoked, or refused to issue or renew your license?	Yes	No	If yes, please explain	
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Has the Agency ever filed for bankruptcy?	Yes	No		
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Has the Agency ever been terminated for fraud?	Yes	No		
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Annual Agency Premium:		Agency's primary line of business:	
Percentage of Personal Business		Percentage of Commercial Lines:	

Explain your primary need for a new wholesaler: _____

Annual premium volume Agency will commit to GC: _____

Agency Contacts

Please include accounting contact

Full name: _____ Title: _____

Email: _____ Phone: _____

Full name: _____ Title: _____

Email: _____ Phone: _____

Full name: _____ Title: _____

Email: _____ Phone: _____

Full name: _____ Title: _____

Email: _____ Phone: _____

Current Wholesale Partners

Company: _____ Annual Premium _____

Company: _____ Annual Premium _____

Company: _____ Annual Premium _____

Direct Markets

Company: _____ PL or CL _____

Company: _____ PL or CL _____

Company: _____ PL or CL _____

Company: _____ PL or CL _____

Company: _____ PL or CL _____

Company: _____ PL or CL _____

Authorized Agency Representative

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____