



## AGENCY APPOINTMENT APPLICATION

Thank you for your interest in an appointment with Gorst & Compass. For partnership consideration, we require a minimum of \$100,000 written premium commitment within the first 12 months upon approval.

Please email the completed application to [agencyappts@gorstcompass.com](mailto:agencyappts@gorstcompass.com).

### Agency Information

Agency Name:

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DBA:

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Principal Name:

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Date:

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FEIN:

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Website

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Address:

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*Street address*

Phone:

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Email:

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*City*

*State*

*Zip Code*

How did you hear about us?

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How many employees/producers?

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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

Has the Agency ever been terminated for fraud?

Yes

No

Annual Agency Premium:

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Percentage of Personal Business

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Agency's primary line of business:

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Percentage of Commercial Lines:

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Explain your primary need for a new wholesaler:

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Annual premium volume Agency will commit to GC (min. \$100k):

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## 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:	_____
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