



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.

Agency Information

Agency Name:	_____	Date:	_____
DBA:	_____	FEIN:	_____
Principal Name:	_____	Website	_____
Address:	_____	Phone:	_____
	Street address	Email:	_____
	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		
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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 (min. \$100k):	_____

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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