



GORST & COMPASS INSURANCE

APPLICATION FOR APPOINTMENT

I. BROKER INFORMATION

Agency Name: _____

Physical Address: _____

City, State, Zip: _____

Telephone No: _____ Fax No: _____

Website: _____

Year Established: _____ No. of Producers: _____ No. of Office Locations: _____

Type of Agency: _____ Independent _____ Farmers _____ Other: _____

Business Entity: _____ Corporation _____ Partnership _____ Invidividual _____ LLC

Billing Address: _____

Billing City, State, Zip: _____

II. PRODUCERS & KEY CONTACTS:

NAME	TITLE	EMAIL ADDRESS

III. PREMIUM INFORMATION:

Annual Agency Premium: _____

Annual Premium Written with Direct Markets (in percentage):

Commercial Lines: _____

Personal Lines: _____

Annual Premium Written with General Agencies (MGAs):

Commercial Auto: _____

Commercial (P&C): _____

Personal Lines: _____

Professional Liability: _____

Workers Comp: _____



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IV. MARKET INFORMATION:

How did you hear about Gorst & Compass? _____

What Gorst & Compass products are you most interested in? _____

How can Gorst & Compass best assist your agency write business? _____

Please list the wholesale brokers or MGAs used by your agency below:

Wholesale Broker or MGA Name:	Annual Premium Placed	Classes Written

V. PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

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

VI. POLICY AND ENDORSEMENT DELIVERY:

We deliver policies and endorsements to our agents electronically.

Email address for document delivery

If an email address is not provided, the agent working on policy will receive the documents

Signer acknowledges that this is not an acceptance by Gorst & Compass Insurance Services. If an executed Gorst & Compass Insurance Services Producer Agreement is completed, signer understands no agency relationship or binding authority is granted between the signer and any of the carriers Gorst & Compass Insurance Services represents.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Please return the completed application along with the noted documents on Section V to:

Eileen Taylor etaylor@gorstcompass.com