



QUADRANT INSURANCE MANAGERSsm SELECT AGENT APPLICATION

AGENCY INFORMATION			
Full Agency Name:			
Street Address:			
City:	County:	State:	Zip Code:
Physical Address (if different):			
City:	County:	State:	Zip Code:
Phone:	Fax:	E-Mail:	Web site:
Year Agency was founded:			
Agency is a: <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other			
If a proprietorship, what name do you trade under to do business?			
FEIN No:	Year Incorporated:	No. of employees (this location):	
Additional locations (City & State)			No. of employees per site:
Other business activities:			
Total Agency Revenue:	P&C Premium Volume: % L&H Premium Volume: % TOTAL: 100%	Pers Lines Business: % Com Lines Business: % TOTAL: 100%	
Top 3 Markets:			
Specialties:			

E&O COVERAGE *		
Expiration Date:	Retro Date:	Carrier:
Deductible:	Limits:	Has the agency ever been subject to disciplinary action by any state or had any license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIDELITY INSURANCE *		
Expiration Date:	Carrier:	
Deductible:	Limits:	

*** Please attach evidence of Current E&O and Fidelity Insurance**



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Please provide the names of the following contacts in your agency:
 Agency principal:
 Accounting:
 Sales Managers:
 Marketing Manager:
 Relationship Contact (our principal contact):

AGENCY PERSONNEL

PRINCIPAL OWNERS			
Name	Title	Home Address	

LICENSED AGENCY PERSONNEL			
Name	Title	Home Address	

LICENSING *

State	Name on License	License Number	Expiration Date	Surplus Lines	P&C	

***Complete above or for all licenses please attach a spreadsheet with State, License Number, Name on License, Type of License and Expiration Date**

Occasionally Quadrant offers program or product exclusives in certain territories in exchange for production commitments. Are you interested in such an offer? Yes No
 If yes, what programs/products?

I understand that if accepted as a Select Agent, my agency will be appointed on a brokerage basis and an agreement will be forthcoming. I also understand that my agency will be required to contact Quadrant in writing in order to bind or alter coverage.

Date of application:

Completed by:

SUBMIT