



**Kingstone Insurance Company**  
**Agency Appointment Questionnaire**

Agency Name \_\_\_\_\_ Fed Tax Id: \_\_\_\_\_  
 Principals: \_\_\_\_\_ Title: \_\_\_\_\_ Years in Industry: \_\_\_\_\_  
 Principals: \_\_\_\_\_ Title: \_\_\_\_\_ Years in Industry: \_\_\_\_\_

**I. Agency Information**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Corporation:  Partnership:  Sole Proprietorship:

Choice Point Node ID:  Yes  No If yes please provide: \_\_\_\_\_

Agency Management System: \_\_\_\_\_

Years Established: \_\_\_\_\_ # of years at current Location: \_\_\_\_\_

Error and Omissions Carrier: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

(Attach a copy of E & O)

Any Additional Locations?  Yes  No

(If yes please attach schedule with locations Agency Information and licenses.)

Additional affiliates (i.e. Real estate): \_\_\_\_\_

**II. Personnel**

<u>FULL NAME</u>		<u># YEARS</u>	<u>LICENSED</u>
<u>Principals/Departmental Managers</u>	<u>POSITION</u>	<u>EXPERIENCE</u>	<u>Y/N</u>
(Please attach copies of licenses)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>FULL NAME</u>		<u># YEARS</u>	<u>LICENSED</u>
<u>Account Executives/CSR's/Producers</u>	<u>POSITION</u>	<u>EXPERIENCE</u>	<u>Y/N</u>
(Please attach copies of licenses)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**III. Total Volume and Mix of Business:**

Volume all Lines/all Companies: \_\_\_\_\_ Volume of Homeowners: \_\_\_\_\_  
Volume of Inland Marine: \_\_\_\_\_ Volume of Fire Dwelling: \_\_\_\_\_  
Volume of Commercial Auto: \_\_\_\_\_ Volume of PP Auto Physical Damage: \_\_\_\_\_  
Volume of Business Owner Policy: \_\_\_\_\_ Volume of Artisans Liability: \_\_\_\_\_

**Agency Direct Appointment (Please attach loss-run history):**

Carrier	Written Premium	Loss Ratio	1st Year Anticipated Writing with Kingstone Insurance

Have you been cancelled by any carrier (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NON-Direct Appointments, MGA, and Wholesalers (Please attached loss-run history):**

Carrier	Written Premium	Loss Ratio	1st Year Anticipated Writing with Kingstone Insurance

Have you been cancelled by any MGA or Wholesaler (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of Kingstone Insurance Company? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Signature: \_\_\_\_\_  
(Please Print)