

## Application for Agency Appointment

---

Thank you for considering a business relationship with **Apollo Managing General Agency, LLC** and its affiliates. We look forward to working with you for your insurance needs. Please complete and submit the following items to Marketing Support via email or fax:

Email: [Marketing@ApolloMGA.com](mailto:Marketing@ApolloMGA.com)

Fax: 972-695-4036

### Application Checklist

- \_\_\_ Application for Appointment
  
- \_\_\_ Apollo Producer Agreement (completed by Agency owner)
  
- \_\_\_ W-9 Tax Form
  
- \_\_\_ Agent Electronic Withdrawal Authorization Form (must include a "VOID" check)
  
- \_\_\_ Commission Deposit Authorization Form
  
- \_\_\_ Copy of Agent and / or Corporate License
  
- \_\_\_ Copy of current E&O coverage (minimum limit accepted \$250,000 per claim/per claim deductible). Must show all locations owned and operating. If near renewal, please provide renewal binder.
  
- \_\_\_ DBA or Assumed name (not required if Corporate License is submitted).
  
- \_\_\_ Sales personnel information (Name and License number)
  
- \_\_\_ Photo copy of Agency owner's valid driver license or valid identification card.
  
- \_\_\_ Submit Loss experience from at least 2 of your current Carriers showing at least 12 months of loss data.

How did you hear about us? \_\_\_\_\_



# Application for Agency Appointment

Date of application \_\_\_\_\_ No. Locations \_\_\_\_\_ Yrs in business \_\_\_\_\_

Member of Agent Association: PIA \_\_\_\_\_ IIAA \_\_\_\_\_ IIAA \_\_\_\_\_

Rater used: ITC \_\_\_\_\_ Quick Quote \_\_\_\_\_ Quotation \_\_\_\_\_ None \_\_\_\_\_

## SECTION I - AGENCY INFORMATION

Agency Name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Regular Business Hours \_\_\_\_\_

Saturday Hours \_\_\_\_\_

### Agency Physical Address

### Mailing Address

Street \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone No \_\_\_\_\_

Fax No \_\_\_\_\_

Contact \_\_\_\_\_

Email \_\_\_\_\_

Agency Type \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Tax ID# \_\_\_\_\_ SS# \_\_\_\_\_ Year Established \_\_\_\_\_ # of Locations? \_\_\_\_\_

- ❖ Please complete the "Multiple Locations Application for each location and attach. If additional location(s) have a different Tax ID#, a separate agency appointment application must be completed and signed for each location.
- ❖ Name and License information will be required for all other locations.
- ❖ If appointment is under your Individual License, please provide your Social Security#. For appointments under the Corporate License, please provide the Tax / FEIN number or Social Security#.

## SECTION II - PRINCIPAL / AGENT INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, St, Zip \_\_\_\_\_ Drivers License# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address \_\_\_\_\_



# Application for Agency Appointment

## SECTION III – AGENCY / PRINCIPAL LICENSE INFORMATION

License Name \_\_\_\_\_ How many years licensed? \_\_\_\_\_  
 License Number \_\_\_\_\_ License Expiration \_\_\_\_\_  
 License Type:  P/C  Limited Lines  County Mutual  Other: \_\_\_\_\_

### List Principals, Partners, Corporate Officers and Licensed Agents

Name	Title	%	License#	Type	SS#

### Agency Personnel

❖ Please notify Apollo when there is a change in agency personnel at any time.

Name	Title	License Number	License Type	Yrs with Agency

## SECTION IV – ADDITIONAL LOCATIONS

### Location 2

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Contact Person \_\_\_\_\_ License# \_\_\_\_\_ Title \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Location 3

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Contact Person \_\_\_\_\_ License# \_\_\_\_\_ Title \_\_\_\_\_  
 Email Address \_\_\_\_\_

## SECTION V - CURRENT AUTO INSURANCE CARRIERS APPOINTED WITH

Name of Carrier	Annual Volume	2-Yr Loss Ratio	Monthly App Count



# Application for Agency Appointment

## SECTION VI – COMMISSION / BANKING INFORMATION

Please complete the ACH Debit form and the Direct Deposit form. Submit both forms with a copy of a "Void" check. Agency checks uploaded to Apollo Managing General Agency, LLC and its affiliates will be *processed within 24 hours of upload*.

### Agency with Multiple Locations

- 1. Same bank information for all locations?  YES  NO  
❖ *If different bank accounts, please complete the EFT form and submit with a "VOID" check.*
- 2. Do you want Group Access for all locations?  YES  NO  
*This allows all offices to access policy information for all locations.*
- 3. Commissions to be paid to Main / Corporate office?  YES  NO
- 4. Should all users have access to the Monthly Commission statements?  YES  NO

## SECTION VII – ABOUT YOU AND YOUR AGENCY STAFF

- 1. Do you believe an agency can impact their loss ratio?  YES  NO
- 2. Are the Agency Principals involved in the day-to-day operations?  YES  NO
- 3. Is always there a licensed Agent on the premises during business hours?  YES  NO
- 4. Has licensed Agent or licensed staff had their license suspended, revoked or cancelled?  YES  NO  
If yes, explain when and why? \_\_\_\_\_
- 5. Has there been any Dept of Insurance complaints been filed against you or the Agency?  YES  NO  
If yes, when and why? \_\_\_\_\_
- 6. Have you ever had your contract cancelled or suspended with another Carrier?  YES  NO  
If yes, when and why? \_\_\_\_\_
- 7. Has the agency ever been sued as a result of official acts performed?  YES  NO  
If yes, explain when and why? \_\_\_\_\_
- 8. Are you engaged in any other business or occupation within the Insurance Industry?  YES  NO  
If yes, please explain \_\_\_\_\_
- 9. Have any Principals or Agents ever been refused a Surety Bond?  YES  NO  
If yes, explain when and why? \_\_\_\_\_
- 10. Have any Principals/Agents been arrested, indicted, or convicted of any felony or misdemeanor, excluding minor traffic offenses?  YES  NO  
If yes, explain who, when and why? \_\_\_\_\_
- 11. Have any Principals/Agents been known by another name or conducted business in any other name?  YES  NO  
If yes, explain \_\_\_\_\_
- 12. Have any Principals or Agents been refused or cancelled a license in any State?  YES  NO  
If yes, explain \_\_\_\_\_



# Application for Agency Appointment

13. Have you had an E&O claim?  
When? \_\_\_\_\_

YES  NO

## SECTION VIII – GENERAL QUESTIONS

1. Is the agency a franchise?  
If yes, please include franchise agreement

YES  NO

2. Insured Demographics

\_\_\_\_\_ % TX IDs      \_\_\_\_\_ % Matricula      \_\_\_\_\_ % Foreign License or IDs      \_\_\_\_\_ % Foreign Passports

3. Number of non-standard auto applications written per month

12month \_\_\_\_\_      6month \_\_\_\_\_      3month \_\_\_\_\_      1month \_\_\_\_\_

4. Preferred Policy Term written

12month \_\_\_\_\_      6month \_\_\_\_\_      3month \_\_\_\_\_      1month \_\_\_\_\_

5. Percentage of business written: Limited policies \_\_\_\_\_      Liability policies \_\_\_\_\_

## SECTION VIII – ACKNOWLEDGEMENT

*In making this application, it is understood that an investigative background report may be ordered. The inquiry includes information as to your character, general reputation, financial standing, and personal characteristics. This form constitutes an application only and does not guarantee appointment.*

I acknowledge that the facts represented herein are true and accurate. I further agree that any false or misleading information, including misrepresentation by omission, on this application and required documents may result in the immediate termination of the Agency Contract if the agency is appointed.

I give Apollo Managing General Agency, LLC and its affiliates the right to verify information provided by me, including the use of certain investigative reports (including, but not limited to, consumer credit report, criminal background checks). I hereby release from liability Apollo Managing General Agency, LLC and its affiliates and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

*The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Section 1033 and Section 1034 makes it a Federal Offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the Business of Insurance if those activities affect interstate commerce.*

Signature of owner(s) / Principal(s) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature of owner(s) / Principal(s) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_