



AGENCY APPOINTMENT PROFILE

GENERAL AGENCY INFORMATION				
Agency Legal Name(s):			Primary Phone Number:	
Agency "dba":			Secondary Phone Number:	
Mailing Address:			Fax Number:	
Street Address (if different from mailing address):			Year Agency Established:	
City:	State:	County:	Zip Code:	Agency IRS Number(s):
Agency E-Mail Address:			Appointment Effective Date:	
Agency Website Address:			Agency Code:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	

PROVIDE COPY OF AGENCY LICENSE(S)

AGENCY KEY DATA RECAP							
Total Agency Volume:	Agency Mix of Business:	% CL	% PL	Overall Agency Loss Ratio %:			
Top Commercial Companies Represented*	Year Contracted	Premium Volume	Loss Ratio	In space below, indicate type of business by company(s) i.e. Grocery, C-Stores, Restaurants, Bars & Taverns, Hotel/Motels, Dry Cleaners, Furniture, Self-Storage, Other			
1.			%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attach copies of company experience statements for each of the previous three years for the above companies and any companies writing Argonaut classes of business. If a narrative is needed to explain specific data (high loss ratios, low premium volume, etc.) use an additional page.

AGENCY E&O COVERAGE*			
Company:	Limit:	Deductible:	Expiration Date (MM/DD/YYYY)

*Attach certificate indicating current Errors & Omissions coverage in effect

AGENCY ACCOUNTING INFORMATION	
Type of Account Method Desired with Argonaut:	<input type="checkbox"/> Company Statement <input type="checkbox"/> Direct Bill
Name of Agency Bank:	Bank Phone Number:
Bank Address:	Business Account Number:
Bank Officer:	Do You Maintain a Premium Fund Trust Account? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No – please explain)

Agency Name:

AGENCY PERSONNEL ANALYSIS

List those agents who will be appointed with Argo Select. *Complete page 4 and provide copies of licenses.

Full Name	Title	Business Phone
1.		
2.		
3.		
4.		

PLEASE LIST ADDITIONAL PERSONNEL ON A SEPARATE SHEET IF NEEDED

NOTE: *Individual State Licensing Departments require additional information, such as home address, place of birth, etc. please give that information for each licensed person on the attached work sheet. All information is CONFIDENTIAL and used only for the purpose of appointing agents with Argo Select.

KEY AGENCY CONTACTS

Agency Department	Key Contact Person	Phone	Fax
1. Accounting			
2. Audit			
3. Claims			
4. Licensing			
5. Loss Control			
6. Marketing			
7. Underwriting			

AGENCY AUTOMATION

Indicate automation currently used:

Hardware vendor:

Software version or release:

Is the computer used for Agency-Company interface? Yes No

What companies? Please list:

What interactive functions are utilized?

AGENCY / TERRITORIAL ANALYSIS

Add relevant background information for the principals and producers:

What are the agency's plans for perpetuation?

Agency Name:

Provide a brief history of the agency (mergers, acquisitions, management changes, etc.) Please provide an agency brochure if available.							
Have any of the agency's companies withdrawn from the agency or the territory in the past three years? If so, please list and explain why.							
Have any new companies been added to the agency in the last three years? If so, please list and explain why.							
Does the agency have any special company agreements (i.e. U/W authority, Rating, Loss Control, Claims, Commissions, Policy Issuance, etc.)?							
What Argo Select programs interest you most? <input type="checkbox"/> Grocery <input type="checkbox"/> C-Stores <input type="checkbox"/> Restaurants <input type="checkbox"/> Bars & Taverns <input type="checkbox"/> Hotel/Motels <input type="checkbox"/> Dry Cleaners <input type="checkbox"/> Furniture <input type="checkbox"/> Self-Storage <input type="checkbox"/> Other							
List Program Below	Written Premium	Policy Count	Loss Ratio	List the agency's top 3 carriers writing this class of business			First Year AS Premium
1.							
2.							
3.							
4.							
5.							
What companies is Argo Select to replace and why?							
Given your current markets, why do you want to represent Argo Select?							
Identify all groups of associations that endorse your agency or represented company:							
Will Argo Select be given first right of refusal? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What companies are the competition in the Argo Select programs that you are interested in and what do they offer?							
What is your current marketing territory and plans for expansion?							
Does your marketing area present any unusual underwriting problems (wind, hail, litigation, economic conditions, etc.) that would affect our ability to be profitable?							
Does the agency prepare an annual business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a copy of your marketing plan including source of prospects, risk selection criteria, production goals, underwriting controls, producers who will be assigned and commitment of resources. (If no, please explain how you conduct business.)							

Submitted by: _____

Title: _____

Date: _____



Producer Appointment Profile

Agency Name:	
Business Address:	
Phone:	Fax:

Producer Name:	
States to Be Appointed/terminated:	
Business Address:	
Home Address:	
Social Security #:	Date of Birth:
License #:	Expiration Date:

Producer Name:	
States to be appointed/terminated:	
Business Address:	
Home Address:	
Social Security #:	Date of Birth:
License #:	Expiration Date:

Producer Name:	
States to be appointed/terminated:	
Business Address:	
Home Address:	
Social Security #:	Date of Birth:
License #:	Expiration Date:

Please attach a copy of licenses for each Producer in each state associated with appointment.

**Send or Fax this form to: Argo Select
503-833-1701 (Fax)
P.O. Box 22146
Portland, OR 97269-2146**

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