



# New Agency Appointment Application

**Penn Millers Insurance Company**  
72 North Franklin Street, P.O. Box P  
Wilkes-Barre, PA 18773-0016  
Tel 570 822 8111  
Fax 570 829 8540  
800 233 8347  
[www.pennmillers.com](http://www.pennmillers.com)

## AGENCY PROSPECT QUALIFICATION

NAME:	
COUNTY:	STREET:
P.O. BOX:	CITY:
STATE:	ZIP:
PHONE:	FAX:
EMAIL:	WEB ADDRESS:
CONTACT NAME & TITLE:	
FEIN#:	

## ADDITIONAL OFFICE LOCATIONS

NAME:	
COUNTY:	STREET:
P.O. BOX:	CITY:
STATE:	ZIP:
PHONE:	FAX:
EMAIL:	WEB ADDRESS:
CONTACT NAME & TITLE:	
FEIN#:	

NAME:	
COUNTY:	STREET:
P.O. BOX:	CITY:
STATE:	ZIP:

PHONE:	FAX:
EMAIL:	WEB ADDRESS:
CONTACT NAME & TITLE:	
FEIN#:	

LIST TOP THREE (3) COMMERCIAL COMPANIES AGENCY REPRESENTS:	YEAR APPOINTED	PRIOR YEAR WRITTEN PREMIUM
1.		
2.		
3.		
OTHER:		
OTHER:		

PERCENTAGE OF AGENCY VOLUME C/L 'S	%
------------------------------------	---

DOES AGENCY HAVE E & O COVERAGE?	YES _____	NO _____
COMPANY:		
LIMITS:	DEDUCTIBLE:	
HAS AGENCY HAD ANY E&O CLAIMS IN PAST 5 YEARS?	YES _____	NO _____
# OF PRODUCERS:	# OF CSRs:	
DOES AGENCY HAVE SPECIALTY PROGRAMS?	YES _____	NO _____
DESCRIBE:		
DOES AGENCY TARGET MARKET ANY PARTICULAR CLASS OF BUSINESS?	YES _____	NO _____
DESCRIBE:		

### AGENCY PROFILE

AGENCY IS:	CORPORATION _____	PARTNERSHIP _____	SOLE PROPRIETORSHIP _____
AGENCY IS A MEMBER OF:	PIA _____	IIAA _____	OTHER _____

HAS ANY COMPANY TERMINATED THE AGENCY OR THE AGENCY TERMINATED ANY COMPANY IN THE PAST 3 YEARS?		YES _____	NO _____
DESCRIBE:			
WHAT TYPE OF AGENCY MANAGEMENT SYSTEM DO YOU USE?	AMS _____	APPLIED _____	OTHER _____
DOES AGENCY USE SEMCI TECHNOLOGY WITH COMMERCIAL CARRIERS?		YES _____	NO _____

**PLEASE COMPLETE AND RETURN TO JANICE DIPIETRO VIA FAX: 570.408.8621**