



1800 Second Street, Suite 909, Sarasota, FL 34236

Agency Appointment

Thank you for your interest in becoming an appointed agency with Risk Services & PBOA. We are committed to providing our agency population with excellent workers' compensation products and superior customer service. In order to maintain a level of excellence, our agency appointments are reserved for those agency partners who are serious about growing their business with us.

Please complete the Agency Profile and provide us with the documents listed below. After we have reviewed the Agency Profile, we will contact you within one business day about an agency appointment and the other appointment forms necessary to complete the appointment process.

- Agency Profile
- W-9 form (blank copy found on our website)
- Copy of your current E&O declaration page

The Agency Profile, along with the attachments, can be sent to Diane McCoy by email at dmccoy@pboa.com or by fax 800-963-7276 once you have completed them.

Again, thank you for your interest in doing business with Risk Services & PBOA. If you have any questions, please contact Diane McCoy, Marketing Administrator, at 941-955-0793 330. We look forward to working with you on future prospects.



Agency Profile

Agency Name: _____ FEIN: _____

DBA (if any): _____

Primary Contact: _____ Telephone: _____

Email: _____ Fax: _____

Physical Location:

Address *City* *State* *Zip*

Mailing Address:

Address *City* *State* *Zip*

Payee Address:

Address *City* *State* *Zip*

AGENCY INFORMATION

1. What date was your agency established? _____

2. Organization Type:

- Corporation Partnership Individual/Sole Proprietor Limited Liability Company
 Other (Please specify) _____

3. What is your agency's total premium volume? \$ _____

Can we expect at least \$50,000 in premium from your agency over the next 12 months? Yes No

4. Please list the number of staff members in each category below. Please specify Names, Titles, Telephone and Email Addresses on the following page.

_____ Principals/Owners _____ CSR's _____ Licensing Contacts
_____ Producers _____ Marketing Contacts

Principal/Owner Contact Information:

- 1. Name: _____ Work Phone: _____
Title: _____ Email: _____
- 2. Name: _____ Work Phone: _____
Title: _____ Email: _____
- 3. Name: _____ Work Phone: _____
Title: _____ Email: _____
- 4. Name: _____ Work Phone: _____
Title: _____ Email: _____

Producer Contact Information:

- 1. Name: _____
Work Phone: _____ Email: _____
- 2. Name: _____
Work Phone: _____ Email: _____
- 3. Name: _____
Work Phone: _____ Email: _____

CSR Contact Information:

- 1. Name: _____
Work Phone: _____ Email: _____
- 2. Name: _____
Work Phone: _____ Email: _____
- 3. Name: _____
Work Phone: _____ Email: _____

Marketing Contact Information:

- 1. Name: _____
Work Phone: _____ Email: _____
- 2. Name: _____
Work Phone: _____ Email: _____

Licensing Contact Information:

- 1. Name: _____
Work Phone: _____ Email: _____

5. Does your agency specialize in a specific industry? Yes No
 If **yes**, please provide details. _____

6. Is your agency interested in discussing any of the following products/programs in greater detail?
 Wholesale Division Transportation Directors and Officers
 Medical Malpractice Risk Retention Groups Nursing Home Professional Liability

7. Do you have multiple agency locations? Yes No
 If **yes**, please list the other locations below.

8. Are you or any of your staff members active with any construction-related associations?
 Yes No
 If **yes**, please provide names of organizations.

9. Does your agency have underwriting authority with any carrier(s)? Yes No
 If **yes**, please provide the names of these carriers.

10. Please list your top five (5) commercial line carriers (include number of years, volume and loss ratio.)

Carrier Name	Number of Years	Volume Amount	Loss Ratio

Are you willing to use Risk Services & PBOA as one of your top 2 workers' compensation providers over the next year? Yes No

11. Which products/services offered by Risk Services & PBOA are you most interested in for your agency?

COVERAGE INFORMATION

12. What percentages of the following lines of business does your agency currently write?

_____ % General Liability	_____ % Workers' Compensation	_____ % Commercial Automobile
_____ % Property	_____ % Professional Liability	_____ % Inland Marine
_____ % Personal Lines	_____ % Medical/Professional Liability	_____ % Life/Health

13. Please describe the agency's commercial book of business.

_____ % Construction	_____ % Manufacturing	_____ % Other
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PROGRAM MARKETING INFORMATION

14. Does your agency represent any programs endorsed by an association, trade group or franchise?

Yes No

If **yes**, please describe the relationship and the advantages of this endorsement.

15. Does your agency provide any Loss Prevention Service? Yes No

16. Does your agency currently make random or scheduled inspections of risks? Yes No

If **yes**, please provide details of these services.

17. Does your agency currently assume any risk through either sliding scale commission structures or a captive arrangement? Yes No

If **yes**, please provide details.

18. Please provide a brief description of the targeted customer group (type of business, products) for your agency.

19. How much of the agency business is produced by the following?

_____ % Direct by your agency _____ % Retailers _____ % Sub-Producers _____ % Brokers

INSURANCE INFORMATION

Errors and Omissions Coverage: *Please attach a Certificate of Insurance verifying current coverage.*

Carrier: _____ Limits: _____ Expiration Date: _____