



Agent Appointment Application - Texas

Thank you for your interest in an appointment with Anchor.

To help us get to know you a little better, please complete our application. We want to hear about your agency history, background and current residential market profile. Also, please remember to include contact information for **each branch or satellite office**. (page 4)

Once complete, please make sure the application is signed by the agency principal and submitted to Anchor Insurance by one of the following methods:

EMAIL Gmoor@relyonanchor.com
FAX (409) 924-8282
MAIL 505 Orleans, Suite 400
 Beaumont, TX 77701

Once we have reviewed and approved your application, we will email you a final Agency Agreement. If you have any question when completing this application, please email us at the address above or reach out to your sales representative.

MAIN OFFICE INFORMATION

Agency Name and DBA:		Tax ID:
Mailing Address, City, State and Zip Code:		
Agency correspondence and commission statements will be delivered to the mailing address listed above. Information for additional satellite offices may be provided on the Agency Profile Supplement.		
Physical Address, City, State and Zip Code:		
Telephone:	County/Parish:	
Fax:	Agency Email Address:	

KEY CONTACT INFORMATION

Name/Title	Email
Agency Principal:	
PL Manager:	
Other:	

AGENCY BUSINESS PROFILE

Total written premium volume:	How is your volume divided? _____ % Homeowners _____ % Dwelling _____ % Auto _____ % Flood _____ % CL
Homeowners written premium volume:	Number of new HO policies written per month?

Current personal residential markets (please list your agency's primary personal property markets):

Company Name	Products Offered	Written Premium	Approx. Loss Ratio
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling		
	Does this carrier provide production/loss information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling		
	Does this carrier provide production/loss information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling		
	Does this carrier provide production/loss information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling		
	Does this carrier provide production/loss information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

General questions:

What are the above carriers doing that you like and Anchor should consider?	
What are the above carriers doing that you dislike and Anchor should avoid?	
What would you like a carrier to provide that is not being provided to you now?	

AGENCY BACKGROUND

Year Agency Established:	Year Present Ownership Established:	Does the agency belong to any associations?
Does agency have any branch or sub-offices? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, then an Agency Profile Supplement should be completed for each additional office.
Is the agency affiliated with any national or regional brokerage firms?	Yes No	Explain:
Any other business conducted on premises?	Yes No	Explain:
Has any carrier terminated the agency in the past two years?	Yes No	Explain:
Any judgments or suits pending against agency?	Yes No	Explain:
Any account current or unearned commission balances due any company more than 60 days past due?	Yes No	Explain:
Has any agent/principal ever been subjected to a fine or other disciplinary action from an insurance regulatory agency?	Yes No	Explain:
Has any agent/principal been subject to an E&O claim within the past five years?	Yes No	Explain:

PRODUCER LICENSE APPOINTMENTS (ASSIGNED TO MAIN OFFICE)

For additional agents/users, please copy blank page and complete.

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Anchor MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Anchor MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Anchor MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Anchor MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License appointment fees will be paid by Anchor provided you only request appointments for producers that will be actively writing business. Individual producers must sign above. Please make copies of this page should you need more space than provided.

ADDITIONAL USERS FOR RATING SYSTEM (MAIN OFFICE)

List the individuals, in addition to the producers shown above; who will require login credentials for Anchor's rating system.

Name:	E-mail:	Access Needed:	
		CSR	View Only
Name:	E-mail:	Access Needed:	
		CSR	View Only
Name:	E-mail:	Access Needed:	
		CSR	View Only

Agency Principal Signature

Date Signed

Print Name

Title

BRANCH/SATELLITE OFFICE APPOINTMENT APPLICATION

Note: Satellite offices with different tax IDs from the main office must complete a separate Agency Appointment Agreement. If the satellite office has the same tax ID as the main office, please complete the below supplement.

SATELLITE OFFICE INFORMATION

Agency Name and DBA:	
Mailing Address, City, State and Zip Code:	
Agency correspondence will be delivered to the above mailing address.	
Physical Address, City, State and Zip Code:	
Telephone:	County:
Fax:	Agency Email Address:
Directions To Agency (using nearest cross street as reference point):	

KEY CONTACT INFORMATION

Name/Title	Telephone	E-mail
Agency Manager:		
Other:		

PRODUCER LICENSE APPOINTMENTS (ASSIGNED TO THIS SATELLITE OFFICE)

License #:	License #:
Name:	Name:
Home Address:	Home Address:
City, State & Zip:	City, State & Zip:
SS #: Date of Birth:	SS #: Date of Birth:
Producer Email:	Producer Email:
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Anchor MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Anchor MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.
Producer Signature: Date:	Producer Signature: Date:
Please attach copy of agent license.	Please attach copy of agent license.

ADDITIONAL USERS FOR RATING SYSTEM (SATELLITE OFFICE)

List the individuals, in addition to the producers shown above; who will require login credentials for Anchor's rating system.

Name:	E-mail:	Access Needed: CSR View Only
Name:	E-mail:	Access Needed: CSR View Only
Name:	E-mail:	Access Needed: CSR View Only

This application should be completed for each additional office. Please copy as needed.