



Date Submitted: _____

Name: _____

Email: _____

AGENCY APPLICATION

Agency Name: _____ Phone: _____

Individual Partnership Corporation Agency Website: _____

Street Address: _____

Years in Business: _____

Annual Volume: \$50K-100K \$100K-300K \$300K-500K \$500K-1,000,000 Over \$1,000,000

Percent of Business: Commercial: _____% Personal Lines: _____% Farm: _____%

Other business or occupation: _____

Of Active Employees at Agency: Sales Staff _____ Office Staff: _____

Name and Title of Persons to be Licensed*:

1. _____ 3. _____

2. _____ 4. _____

***Please list additional agents on a separate document.**

Is Errors & Omissions Insurance carried? Yes No If yes, company: _____

Deductible: _____ Membership in "Trade" Associations: _____

PRINCIPAL OWNER:

Name: _____ Stake: _____ %

Email: _____

OTHER OWNER OR PARTNER:

Name: _____ Stake: _____ %

Email: _____

How did you hear about us and why are you interested in working with us?

COMPANY EXPERIENCE

Names of the current carriers represented in the agency:

Names of carriers that have withdrawn or canceled this agency in the last 3 years:

- 1. _____ Reason: _____
- 2. _____ Reason: _____

What carriers has the agency dropped?

- 1. _____ Reason: _____
- 2. _____ Reason: _____

Will business from other companies be transferred to Wisconsin Mutual? Yes No

If yes, volume of Auto: \$_____ Other Lines: \$_____

Premium volume goal with Wisconsin Mutual in the 1st year: \$_____

THREE-YEAR LOSS RATIOS

	Company	Earned Premium	Incurred Losses	Loss Ratio
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

MARKETING MANAGER

Agency applicant understands the minimum volume expected to produce, what facilities WMI offers, our commission schedule, our underwriting guides and binding authorities. We do not accept brokerage business, and as a part of our normal procedure for processing agency applications, we will conduct a routine investigation that may include a report on reputation, character and financial stability.

Acknowledge:

Marketing Representative Signature: _____