

Agency Name: _____

Group Name: **WINI/ Smart Choice**

1) Agency Name: _____

2) Mailing Address: _____

3) Physical Location: _____

4) Business Phone: _____ Business Fax: _____

5) Agency Type: ***Circle one***

Individual *Sole Proprietor* *Corp* *LLC* *Partnership* -list if other _____

6) List tax ID# (or social security # you wish to be paid under) _____

7) Agencies Contact Person: _____

8) Email address _____

9) List Agency Principals :(if not listed as an agent include social security, date of birth and resident address)

Name _____ Title _____ % ownership _____

Name _____ Title _____ % ownership _____

Name _____ Title _____ % ownership _____

10) Agents to be appointed with our company (please submit a copy of current license(s))

a) Name _____ SS# _____ DOB _____

Resident Address _____

b) Name _____ SS# _____ DOB _____

Resident Address _____

c) Name _____ SS# _____ DOB _____

Resident Address _____

d) Name _____ SS# _____ DOB _____

Resident Address _____

Company information is required unless the Agency is a Start-up/ New Agency

Principal Non-Standard Auto Carriers:

Carrier Name	Monthly Apps	Annual Volume	Loss Ratio
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Principal Cycle Carriers:

Carrier Name	Monthly Apps	Annual Volume	Loss Ratio
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Is this a Start Up/ New Agency? **Yes** **No**

Will the agency use a comparative rater? **Yes** **No**

If so – which rating system: _____

Agency Bio: *(Tell us more about the agency and your plans. Include information on the agency principal insurance experience, how you will market your agency, the agency's short-term and long-term goals regarding quotes and new business sales and how you will define success. If you have a business plan, please attach).*

Principal understands that Sentry Insurance Company may obtain and use a credit report and other background information concerning principals and producers. This information will be used solely by Sentry Insurance Company and its associated companies for purposes of determining producer appointment eligibility.

Agency Principal's Signature

____/____/_____
Date

Marketing Managers Approval

____/____/_____
Date

Final Steps:

Please attach and include:

- 1. A copy of your current Errors and Omissions Declaration Page AND**
- 2. The Property & Casualty Licenses for ALL Agents and the Agency, if applicable.**

Email all this information to - DairylandGroups@sentry.com