

## - AGENCY INFORMATION -

Licensed Agency or Licensed Producer (If Sole Proprietor)				Phone #		Fax #	
Street Address			City		State	Zip Code	County
Mail Address			City		State	Zip Code	County
Personal Line's Manager or Key Contract Person						Tax ID	
Principal's Name and Title			Agency E-Mail Address			Owner/Principal E-mail Address	
Bristol West - User Name (Minimum of 4 characters/maximum of 9 characters):				Bristol West - Password (Minimum of 4 characters/maximum of 9 characters):			

**CHOICEPOINT INFORMATION:**

\_\_\_\_\_ I currently have the following Node ID with ChoicePoint \_\_\_\_\_ Please set up a Bristol West Insurance Group account.  
 \_\_\_\_\_ I have completed the ChoicePoint application, please submit an Exhibit C form.

**AGENCY STATUS**

PRODUCT LINES	PRESENT CARRIER	CONTRACT INCEPTION DATE	DIRECT CONTRACT		NET WRITTEN PREMIUM	LOSS RATIO	CONTINGENCY		COMMISSION	
			YES	NO			YES	NO	NEW	RENEWAL
AUTO CARRIER #1			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
AUTO CARRIER #2			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
AUTO CARRIER #3			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
NONSTANDARD AUTO			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
HOMEOWNERS CARRIER #1			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
HOMEOWNERS CARRIER #2			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
HOMEOWNERS CARRIER #3			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
MOBILE HOME			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
DWELLING FIRE/LANDLORD			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
MOTORCYCLE/ORV			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
RV (MTR/TT)			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
TRAVEL TRAILER			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
MARINE/PWC/YACHT			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
ANTIQUE AUTO			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
FACT			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Have you ever had an insurance company contract with any of the following companies or worked for someone who did?			FOREMOST <input type="checkbox"/> Yes <input type="checkbox"/> No	FARMERS <input type="checkbox"/> Yes <input type="checkbox"/> No	ZURICH <input type="checkbox"/> Yes <input type="checkbox"/> No	BRISTOL WEST <input type="checkbox"/> Yes <input type="checkbox"/> No	ZNA (Zurich NA) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever insured a client with any of the following companies either directly or through a general agent?		
			FOREMOST <input type="checkbox"/> Yes <input type="checkbox"/> No	FARMERS <input type="checkbox"/> Yes <input type="checkbox"/> No	ZURICH <input type="checkbox"/> Yes <input type="checkbox"/> No	BRISTOL WEST <input type="checkbox"/> Yes <input type="checkbox"/> No	ZNA (Zurich NA) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of General Agent(s) past affiliation with Bristol West, Foremost, Farmers, ZNA or Zurich?				Number of Years at this Location?		Agency Size/Customers \$ _____ / # _____		How Many Employees at this Location?		

<input type="checkbox"/> Yes <input type="checkbox"/> No	There is no contractual agreement with a General Agent that would prevent me from obtaining a direct contract.
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the event I have an agreement with a General Agent, I still own my expirations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I responded to a general solicitation from Foremost, Bristol West, Farmers or Zurich regarding a direct contract.
<p>I authorize you to investigate all statements, references and previous companies shown in this form (except as noted), and I agree that I will not hold liable any person or company for any truthful answers or opinions expressed during the course of this investigation. I understand that any false statements on this record may be cause for disqualification or cancellation.</p> <p>I hereby give my consent for Foremost Insurance, Bristol West Insurance, Farmers Insurance or Zurich Personal Insurance companies to imprint my name or the name of my agency on all policyholder documents.</p> <p>If accepted for an agency appointment, I will submit approximately \$ _____ NWP volume for the first year. Please fill in annual volume requirement. Be realistic in establishing a first-year volume commitment. If you need help establishing a commitment figure, please contact your Marketing Representative.</p>	
Principal's Signature	Date
ATTACHMENTS: <input type="checkbox"/> COPY OF YOUR LICENSE <input type="checkbox"/> COPY OF AGENCY LICENSE IF COMMISSIONS ARE PAID TO CORPORATION	

If your agency has a main office in another location, please complete the following for the main office:

Main Office Name		Main Office Phone Number		Fax Number	
Main Office Street Address		City	State	Zip Code	County
Mail Address		City	State	Zip Code	County
Please list the names of other agencies in your operation, if any:					

1. What Agency Management System does your agency have, if any? \_\_\_\_\_
2. Which Comparative Rater does your agency use, if any?
  - AMS Rackley SetWrite     Priority     EZLynx     Xcipio     FSC     Other
  - We don't use a Comparative Rater
3. Of the premium written by your office for the following four types of policies last year, what percentage was it? These percentages should add to 100%
  - \_\_\_\_\_ % Standard Auto                  \_\_\_\_\_ % Standard Homeowners, including Umbrella
  - \_\_\_\_\_ % Nonstandard Auto              \_\_\_\_\_ % Specialty Personal Lines
  - \_\_\_\_\_ % Commercial                      \_\_\_\_\_ % Non-Standard Home