



# The Martplan Insurance Agency, Inc., Producer Associate Program

A Martplan is a Smart Plan

## Questions for Prospective Associates to Answer:

Your agency name:

Your Agency Address:

Your agency web address:

Your individual name:

Your email address for future correspondence:

Are you an independent agent now, or a captive: If a captive, for which carrier:

How long have you had an insurance P&C license:

Life License:

Your PERSONAL P&C license number:

Your Personal Life License:

Your AGENCY license number:

How long have you owned, or run, or managed an independent insurance agency:

What town are you located in:

What is your approximate annual premium volume for P&C only:

over

What is your approximate annual premium volume for Life only.

What is your approximate annual premium volume for Health only.

What is your approximate annual volume for other Financial products only.

What percentage of the business you presently write is Commercial:                      Personal:

What percentage of the business you presently write is Life:

What carriers do you have direct appointments with, in your own agency name.

Please list only preferred carriers, not non standard auto carriers, or E&S or Surplus Lines markets:

Are you occupied 100% in P&C insurance?                      If not, please advise what else you do and what percentage of your time it takes:

How were you referred to Martplan ?

Has any carrier terminated you in the last 3 years, and if so, which carriers, and for what reasons:

Do you use email now:

Who is your ISP provider:

Do you use FSC :

Do you use any other rater:

Which Management System do you use ?

Applied\_\_\_\_AMS\_\_\_\_Hawksoft\_\_\_\_\_other\_\_\_\_\_

Do you use Microsoft or Adobe or some other system; - please explain which:

Any comments you wish to add to the above:

Attach: Licenses, E&O Certificate or Dec Page, Bond

PLEASE FAX or EMAIL BACK TO [mgalati@crownsins.com](mailto:mgalati@crownsins.com)

FAX: 951-526- 2080