Panther Insurance, LLC

Agency Appointment Application

Please complete the following application to provide us with the necessary information about your agency. This will help us process your appointment efficiently.

Agency Information

1. Agency Name: _____
2. Address: _____
3. City, State, ZIP Code: _____
4. Phone Number: _____
5. Fax Number: _____
6. Email Address: _____
7. Website: _____

Primary Contact Information

1. Name: _____
2. Title: _____
3. Phone Number: _____
4. Email Address: _____

Business Information

1. Type of Entity:

- ☐ Individual
- ☐ Partnership

☐ Corporation

☐ LLC

☐ Other: _____

2. Federal Tax ID or Social Security Number: _____

3. Date Business Established: _____

4. Number of Employees: _____

5. Number of Licensed Producers: _____

6. Errors and Omissions Insurance Carrier: _____

7. E&O Policy Number: _____

8. E&O Policy Expiration Date: _____

Licensing Information

Please provide copies of all relevant insurance licenses for the states in which you are authorized to conduct business.

1. State(s) Licensed:

_____

_____

_____

2. License Number(s): _____

_____

_____

_____

3. License Expiration Date(s): _____

_____

_____

_____

Business Practices

1. Total Written Premium Last Year: _____

2. Types of Insurance Written (please check all that apply):

- ☐ Personal Lines
- ☐ Commercial Lines
- ☐ Life
- ☐ Health
- ☐ Other: _____

3. Insurance Companies Represented: _____

_____

_____

4. Percentage of Business with Each Company: _____

_____

_____

Additional Information

1. Has your agency or any of its principals ever been subject to any disciplinary action by any state insurance department?

☐ Yes

☐ No

If yes, please explain: _____

_____

2. Has your agency or any of its principals ever been involved in any litigation with an insurance company or client?

☐ Yes

☐ No

If yes, please explain: _____

_____

Signature Page to Follow

Certification and Authorization

I certify that the information provided in this application is true and correct to the best of my knowledge. I authorize Panther Insurance, LLC to verify the information provided and to conduct a background check if necessary.

Signature: _____

Name (Printed): _____

Title: _____

Date: _____

You can email the completed documents (Completed Questionnaire, Copy of Errors and Omissions Insurance, Copy of W-9 Form, and Copies of Licenses) to our appointment team at *appointments@pantherinsurance.com* or upload them to our web page under the "Become a Panther Agent" tab. Should you have any questions or need assistance with the forms, please do not hesitate to contact our team.