

ADDITIONAL LOCATION APPLICATION

Primary Agency Name:
Branch / Producer Code(s):

APPLICATION SUBMISSION DATE: _____

I. ADDITIONAL LOCATION GENERAL INFORMATION

1a. Agency Legal Name: _____

Street Address:	Telephone #
P. O. Box # Zip:	FAX #
City: _____	St: _____
Zip: _____	County: _____
Principal's Name:	Internet Email Address:
	Web Page Address:
Tax ID #	PI Contact:

1b. Has the agency had any E&O claims in the last 5 years? Yes No N/A (start-up)
If yes, provide details.

II. AGENCY PRINCIPALS / PERSONAL LINES STAFF

Name	Insurance Designation/Title / Function	Yrs. in Ins.	Yrs with Agency	Dedicated to Personal Lines	Personal Lines License?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

III. AGENCY ACCOUNT INFORMATION (N/A if start-up)

3a. Agency Total Premium: \$ _____
 Personal Lines Percentage of Premium: %
 Percentage of non standard business: %
 Commercial Lines Percentage of Premium: %
 "Other" Percentage of Premium: %

3b. List all insurance companies for Personal Lines (including Non-Standard carriers.)

Company	Personal Premium Volume	Personal Premium Commitment (if any)	Year Appointed
	\$	\$	
	\$	\$	
		\$	
	\$	\$	

	\$	\$	
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3c. Does the agency currently have any brokerage agreements, arrangements or contracts that allows it to place Personal Lines business with any carrier not already listed in 3b? Yes No
 If yes, please supply carrier name: _____
 Explain arrangement:

3d. Does the agency currently or in the past 5 years, have access to Encompass Insurance, Allstate Insurance or Deerbrook as a Personal Lines market via any channel? (i.e.: Agency Agreement, Brokerage Agreement, Brokerage Arrangement, MGA, cluster group membership, former employment, etc.) Yes No
 If yes, please explain:

IV. AGENCY'S NEW CUSTOMER ACQUISITIONS ACTIVITIES

4a. Describe the agency's sources of new business:

4b. How many new Personal Lines policies are written on average in a month?

Line of Business	Standard	Non-Standard	TOTAL
Auto			
Home			
Package			
Misc. PI Products			
Total			

I, _____ (agency principal) of _____ (agency name) have completed/read the above application and any attachments. I declare that the information provided in the application is true, complete and correct to the best of my knowledge and belief. This information is being offered as an inducement to add a location to my Encompass Agency Agreement.

Principal Signature: _____ /Date _____

V. APPROVALS

_____, Territory Sales Consultant Date: _____

_____, Education Manager (if applicable) Date: _____

_____, Regional Sales Manager Date: _____

_____, National Account Director (if applicable) Date: _____

_____, Field Product Manager Date: _____

_____, Regional Sales Director Date: _____

ENCOMPASS INSURANCE

PERSONAL HISTORY CERTIFICATION & AGENT APPOINTMENT INFORMATION FORM

For directors, officers, employees, agents, and other representatives of Encompass Insurance

Federal law prohibits an individual who has ever pled guilty or no contest to or been convicted of certain crimes from engaging in the business of insurance unless the individual has obtained written consent from an insurance regulatory official. In accordance with this federal law, it is necessary for Encompass Insurance and its affiliates to identify any directors, officers, employees, agents and other representatives who may not be in compliance with the federal law.

Your application for appointment with Encompass Insurance cannot be completed until we receive this signed certification and a copy of your insurance license.

Name _____ Social Security Number _____
(Last) (First) (Middle)

Telephone Number (_____) _____ Date of Birth: _____

Current Address _____
(Street) (Apt. #)

(City) (State) (Zip) (County) (Years / Mos. at Residence)

**Previous Address(es). Cover the past 5 years or two addresses, whichever is longer.
Attach an additional sheet if necessary.**

(From) (To) (Street) (City) (State) (Zip) (County)

(From) (To) (Street) (City) (State) (Zip) (County)

Please provide name of the agency for which you are seeking an appointment.

If you have used another name during the past 5 years, what was the name? _____

Have you ever been subjected to a fine or other disciplinary action from the Department of Insurance or other regulatory agency? Yes ___ No ___ If yes, explain in detail. Attach an additional sheet if necessary.

Have you ever been convicted, plead guilty, plead nolo contendere to a criminal offense or felony?
Yes ___ No ___ If you responded yes to the prior question, when, where and what was the disposition of the case?
Please explain in detail. Attach an additional sheet if necessary.

Encompass Insurance reserves the right to verify the accuracy of the information provided on this form.

Signature: _____

Date: _____

3 YEAR EXPERIENCE WORKSHEET

AGENT				COMPANY:	
YEAR	LOB	W/P	E/P	INC.LOSS	L/R
2 0 1 1	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 1 0	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 0 0 9	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				

GRAND TOTAL:					
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COMMENTS:

AGENT				COMPANY:	
YEAR	LOB	W/P	E/P	INC.LOSS	L/R
2 0 1 1	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 1 0	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 0 0 9	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				

GRAND TOTAL:					
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COMMENTS:

3 YEAR EXPERIENCE WORKSHEET

AGENT		COMPANY:			
YEAR	LOB	W/P	E/P	INC.LOSS	L/R
2 0 1 1	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 1 0	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 0 0 9	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				

GRAND TOTAL:					
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COMMENTS:

AGENT		COMPANY:			
YEAR	LOB	W/P	E/P	INC.LOSS	L/R
2 0 1 1	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 1 0	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 0 0 9	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				

GRAND TOTAL:					
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COMMENTS:

3 YEAR EXPERIENCE WORKSHEET

AGENT				COMPANY:		
YEAR	LOB	W/P	E/P	INC.LOSS	L/R	
2 0 1 1	AUTO					
	HOMEOWNERS					
	PACKAGE					
	OTHER					
	TOTAL:					
2 0 1 0	AUTO					
	HOMEOWNERS					
	PACKAGE					
	OTHER					
	TOTAL:					
2 0 0 9	AUTO					
	HOMEOWNERS					
	PACKAGE					
	OTHER					
	TOTAL:					

GRAND TOTAL:

COMMENTS:

AGENT				COMPANY:		
YEAR	LOB	W/P	E/P	INC.LOSS	L/R	
2 0 1 1	AUTO					
	HOMEOWNERS					
	PACKAGE					
	OTHER					
	TOTAL:					
2 0 1 0	AUTO					
	HOMEOWNERS					
	PACKAGE					
	OTHER					
	TOTAL:					
2 0 0 9	AUTO					
	HOMEOWNERS					
	PACKAGE					
	OTHER					
	TOTAL:					

GRAND TOTAL:

COMMENTS:

3 YEAR EXPERIENCE WORKSHEET

AGENT		ALL COMPANY SUMMARY			
YEAR	LOB	W/P	E/P	INC.LOSS	L/R
2 0 1 1	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 1 0	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
2 0 0 9	AUTO				
	HOMEOWNERS				
	PACKAGE				
	OTHER				
	TOTAL:				
GRAND TOTAL:					

COMMENTS:

AGENT:		LINE OF BUSINESS SUMMARY			
YEAR	LOB	W/P	E/P	INC. LOSS	L/R
2011	AUTO				
2010					
2009					
AUTO TOTAL					
2011	HOMEOWNERS				
2010					
2009					
HOMEOWNERS TOTAL					
2011	PACKAGE				
2010					
2009					
PACKAGE TOTAL					
2011	OTHER				
2010					
2009					
OTHER TOTAL					
2011	TOTAL PERSONAL				
2010					
2009					
TOTAL ALL LINES/COMPANIES					

COMMENTS:

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Encompass Connectivity Requirements

Connectivity: (dial up, DSL, cable, T1 line):

Please list:

Operating System: (Min. required Win 98):

Please list:

**The processor: (Min Pentium 11 with 400MHz or greater)
(Celerons not supported)**

Please list:

Memory should be 256 or greater:

Please list:

DirectX should be 8.1 or higher.

Please list:

You can get all but the connectivity information by doing the following: Start.....select Run....type in DXDIAG and hit Ok.