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 O E & ] ^ A q | A ^ A ^ } o f A ~ | A U a e ^ A O ^ } a e f ^ } o f | A ^ c a , E



**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**P.O.Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail I.D.:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_ **Partnership:** \_\_\_\_\_ **Sole Proprietor:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Companies Represented:**

Standard Companies -	Property & Casualty Premium	Loss Ratio 3 Year	Life Premium	Health Premium	G.A. Contract
_____	_____	_____	_____	_____	<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
<b>Totals</b>	_____	_____	_____	_____	

Non-Standard Companies -					G.A. Contract
_____	_____	_____	_____	_____	<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
<b>Totals</b>	_____	_____	_____	_____	

Life and/or Health Only Companies -				G.A. Contract
Company	Life Premium	Health Premium	Group Life/Health Premium	
_____	_____	_____	_____	<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
<b>Totals</b>	_____	_____	_____	

# Preliminary Agency Application

## List Top Two Companies

Life/Health	Personal Lines	Commercial Lines
_____	_____	_____
_____	_____	_____

## Companies terminated in last 3 years

Company	Year	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why are you interested in Pekin Insurance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Brief Agency History** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person completing this application	Title	Date
_____	_____	____/____/____