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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
Totals	_____	_____	_____	_____	

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
Totals	_____	_____	_____	_____	

Life and/or Health Only Companies -	Company	Life Premium	Health Premium	Group Life/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
Totals	_____	_____	_____	_____	

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 _____

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