



Preferred Program New Business Appointment Application

Agency Checklist

The completed New Appointment Application with all attachments should be returned to:

Attention – Agency Licensing
Gulfstream Property & Casualty Insurance Company
6964 Professional Parkway East
Sarasota, FL 34240
Fax: (941) 388-0903

All of the following items are needed in order to complete your agency appointment with Gulfstream. Please mail these documents to the Agency Licensing address indicated above:

- New Appointment Application**
 - ✓ Must be completed and signed by the agency principal
 - ✓ Annual production forecast (page 3) must be completed
 - ✓ An Agency Profile Supplement should be completed for each satellite office

- Production/Loss Ratio Supporting Documentation**
 - ✓ Carrier produced production/loss reports
 - ✓ E-mail or written statement from the carrier will suffice if carrier does not provide regular reports
 - ✓ If supporting documentation is unavailable you may submit production/loss information from an Auto or CL carrier

- Completed Producer Information (with copy of 2-20 license for each producer)**
- Completed Form W-9**
- Current Errors & Omissions Declarations**

An Agency Agreement will be mailed to you upon favorable review of your Application. Incomplete submissions will cause a delay in processing. Please do not hesitate to contact us with questions at:

Phone: (941) 388-0905, extension 221

Email: licensing@gulfstream-ins.com

We appreciate your interest in Gulfstream and look forward to a long, lasting relationship!



NEW APPOINTMENT APPLICATION AGENCY PROFILE AND QUESTIONNAIRE

Gulfstream Code (If Applicable):
Tax ID:

MAIN OFFICE INFORMATION

Agency Name:
Mailing Address:
City, State & Zip:

Physical Address:	
City, State & Zip:	
Telephone:	County:
Fax:	Agency E-mail Address:
Directions To Agency (using nearest cross street as reference point):	
Agency correspondence and commission statements will be delivered to the mailing address listed above. Information for additional satellite offices may be provided on the Agency Profile Supplement.	

KEY CONTACT INFORMATION

<u>Name/Title</u>	<u>Telephone</u>	<u>E-mail</u>
Agency Principal:		
PL Manager:		
Other:		
Other:		

GULFSTREAM COMPANY USE ONLY (NOT TO BE COMPLETED BY AGENT)

Sales Representative:	Appointment Type: <input type="checkbox"/> New Business <input type="checkbox"/> Takeout/Limited
Contingency Volume Requirement:	Target Loss Ratio:
Comments/Exceptions:	
Approved By:	Date:

AGENCY BUSINESS PROFILE

Total written premium volume:	How is your volume divided? _____ % Homeowners _____ % Dwelling _____ % Auto _____ % Flood _____ % CL
Homeowners written premium volume:	Number of new HO policies written per month?

How would you describe the primary residential market you write (or want to write)?

Market (building limit) range: \$ _____ to \$ _____	Typical Deductible Amounts:	Typical Protection Class:
Type of residence (home, apt, condo):	Planned or retirement communities:	
Type of construction: _____ % Frame _____ % Masonry _____ % Other	Explain Other:	
Type of occupancy: _____ % Primary _____ % Seasonal _____ % Rental _____ % Other	Explain Other:	

Annual production forecast (premium and/or policies anticipated to be written with Gulfstream)?

Premium Written:	Per Month Per Year	Policies Written:	Per Month Per Year
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Current personal residential markets (please list your agency's primary personal property markets):

<u>Company Name</u>	<u>Products Offered</u>	<u>Written Premium</u>	<u>Approx. Loss Ratio</u>	
	Homeowners Dwelling			
	Does this carrier provide production/loss information?		Yes	No
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling			
	Does this carrier provide production/loss information?		Yes	No
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling			
	Does this carrier provide production/loss information?		Yes	No
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Dwelling			
	Does this carrier provide production/loss information?		Yes	No

Supporting documentation (production/loss report, carrier email, etc) should be provided for the above carriers. Approximate loss ratio should be estimated even if the particular carrier does not provide regular reports. If you are not able to produce support for the agency personal property loss experience, then loss experience reports for other lines of business (auto, commercial, etc) may be provided.

General questions:

Does agency have access to Citizens or a Florida excess & surplus lines market?	Yes No	Citizens E & S market(s)	If E & S, provide carriers:
What are the above property carriers doing that you like and Gulfstream should consider?			
What are the above carriers doing that you dislike and Gulfstream should avoid?			
What would you like a carrier to provide that is not being provided to you now?			

AGENCY BACKGROUND

Year Agency Established:	Present Ownership Established:	Does the agency belong to any associations?
Does agency have any branch or sub-offices?		If Yes, then an Agency Profile Supplement should be completed for each additional office.
Yes	No	

Is the agency affiliated with any national or regional brokerage firms?	Yes No	Explain:
Any other business conducted on premises?	Yes No	Explain:
Has any carrier terminated the agency in the past two years?	Yes No	Explain:
Any judgments or suits pending against agency?	Yes No	Explain:
Any account current or unearned commission balances due any company more than 60 days past due?	Yes No	Explain:

PRODUCER (2-20) LICENSE APPOINTMENTS (ASSIGNED TO MAIN OFFICE)

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Gulfstream Property and Casualty MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Gulfstream Property and Casualty MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Gulfstream Property and Casualty MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Gulfstream Property and Casualty MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License appointment fees will be paid by Gulfstream provided you only request appointments for producers that will be actively writing business. Individual producers must sign above. Please make copies of this page should you need more space than provided.

Agency Principal Signature

Print Name

Date Signed

Title



Tax ID: Satellite offices with separate Tax IDs from the main office must complete an entire New Appointment Application.

SATELLITE OFFICE INFORMATION

Agency Name:
Mailing Address:
City, State Zip:

Physical Address:	
City, State Zip:	
Phone:	County:
Fax:	Agency E-mail Address:
Directions To Agency (using nearest cross street as reference point):	
Agency correspondence will be delivered to the above mailing address. Commission statements will be sent to the Main Office Mailing Address. Please complete this form for each satellite office.	

KEY CONTACT INFORMATION

Name/Title	Phone	E-mail
Agency Manager:		
Other:		

PRODUCER (2-20) LICENSE APPOINTMENTS (ASSIGNED TO THIS SATELLITE OFFICE)

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Gulfstream Property and Casualty MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

License #:	
Name:	
Home Address:	
City, State & Zip:	
SS #:	Date of Birth:
Producer Email:	
I understand that as a part of the procedure for processing this profile, an investigation may be made into my background that may include driving history, credit history, criminal record and other information. I hereby authorize this investigation and authorize law enforcement agencies and prior companies to provide all information they may have concerning me to Gulfstream Property and Casualty MGA, Inc., and I release all parties from any and all liability or claims for damages whatsoever that may result therefrom.	
Producer Signature:	Date:
Please attach copy of agent license.	

This supplement should be completed for each additional office. Please copy as needed.

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 (as shown on your income tax return)	
	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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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. citizen or other U.S. person (defined below).

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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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,