



ALLEGANY CO-OP INSURANCE COMPANY

Application for Agency Appointment

(Please contact Allegany prior to submission at 585.968.1000)

AGENCY NAME:

MAILING/STREET ADDRESS:

CITY:

STATE:

COUNTY:

ZIP:

PHONE:

FAX:

APPLICANT:

EMAIL:

YEAR AGENCY ESTABLISHED:

PERSONAL/COMMERCIAL %

/

AGENCY MANAGEMENT SYSTEM:

CURRENT COMPANY REPRESENTATION AND APPROXIMATE VOLUME:

NAME

VOLUME

1.

2.

3.

4.

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY AND, IF SO, EXPLAIN:

ANY DELINQUENT COMPANY ACCOUNTS?

EVER HAD LICENSES/APPOINTMENTS TERMINATED?

ANY PART-TIME SALESPERSONS?

DO YOU OFFER ANY BROKERAGE SERVICES?

EXPLANATION:

PLEASE PROVIDE NAMES AND D.O.B. FOR ALL EMPLOYEES:

	NAME	D.O.B.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
12.		
13.		
14.		
15.		

CHECKLIST FOR REQUIRED FORMS (ATTACHED AND UPLOADED):

- COMPLETED W-9
- ERRORS & OMISSIONS DEC PAGE COPY
- AGENCY P&C LICENSE COPY
- ALL AGENTS LICENSES COPIES
- DIRECT DEPOSIT BANK ACCOUNT FORM & VOIDED CHECK
- EFT "SWEEP" BANK ACCOUNT FORM & VOIDED CHECK