



11612 RM 2244, Ste. #1-200, Austin, TX 78738 Phone: (512) 708-0148 Fax: (512) 708-9486

New Agency Appointment Application

General Info:

Date of Application: _____

Legal Name of Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address (If different from Mailing): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Contacts:

Principal's Name: _____ Email: _____

Principal's Social Security #: _____

Accounting Contact: _____ Email: _____

Organization Type: Corporation Partnership LLC Individual Joint Venture

Years in Business: _____ Company Website: _____

Tax ID Number: _____

License(s) held by Applicant: Agent Partnership LLC Surplus Lines Broker

Are you currently appointed with a MGA? Yes No

 If Yes, with whom? _____

Is your Agency in a Cluster? Yes No

If Yes, what is the name of the Cluster? _____

How did you hear about us? (Ex: online, referral, trade show, etc.): _____

Workers' Compensation Experience:

Please list other workers' compensation companies your agency represents and approximate premium.

(Example: TX Mutual - \$300k)

Company Name:

Approximate Premium:

_____	_____
_____	_____
_____	_____

Key Agency Personnel:

Name #1: _____

Title/Job Function: _____

Years in Business: _____ Years with Agency: _____

Email: _____

Professional Designations/Other Accomplishments: _____

Name #2: _____

Title/Job Function: _____

Years in Business: _____ Years with Agency: _____

Email: _____

Professional Designations/Other Accomplishments: _____

Name #3: _____

Title/Job Function: _____

Years in Business: _____ Years with Agency: _____

Email: _____

Professional Designations/Other Accomplishments: _____

Name #4: _____

Title/Job Function: _____

Years in Business: _____ Years with Agency: _____

Email: _____

Professional Designations/Other Accomplishments: _____

Has anyone in the agency been the subject of an investigation and/or disciplinary action by any insurance authority? Yes No

If Yes, please explain: _____

Annual Volume Projections:

Current Year: _____ Premium \$: _____ Policies #: _____
Next Year: _____ Premium \$: _____ Policies #: _____

How do you plan to grow your book with Redpoint?

Organically Rolling Current Book of Business Both

Business plan to meet objectives? _____

Would your agency benefit from an onsite visit from a Field Marketing Representative? Yes No

If Yes, please explain: _____

Agents Acknowledgement:

I hereby affirm that the information I have provided is true and correct to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

Don't Forget! A completed application needs to include the following:

- Signed Application
- Copy of TDI License
- Completed W9
- Copy of E & O

Please return the appointment application with the above information to the attention of Teresa Pacheco at tpacheco@redpointcomp.com or fax (512) 708-9486. Feel free to contact the company with any questions at (512) 421-2608.