



Fremont Insurance

Insuring and Investing Exclusively in Michigan Since 1876

To Whom It May Concern:

Subject: Agency Appointment Request

Thank you for inquiring about an agency appointment. Fremont Insurance is a Michigan exclusive carrier, representing agencies only based within our state.

The company is represented by less than 15% of the independent agency force. It is our philosophy to provide exceptional service to a controlled number of agencies and policyholders, rather than an average service to the masses. With this approach, the company has maintained a retention ratio above 91%.

We do consider new partnerships. With each appointment we provide a franchise value, protecting our agencies from infringements and providing a market not available to their immediate competition.

Because of our commitment, the appointment due diligence includes reviewing the returned documentation, contact with your references, credit checks on yourself and other employees, reviewing the history of your agency license and the licenses of your staff, technology evaluations, demographic review, pricing evaluations, and contacting other agents in your area for their confidential opinions.

Concluding this process, I will personally contact you to express our position. If favorable, the agency principals will be invited to our home office for a personal interview.

If you should have any questions, please do not hesitate to contact me at your convenience.

Respectfully yours,

Kurt M. Dettmer
Vice President of Marketing
Fremont Insurance Company

Enclosure (1)

Date _____

AGENCY APPOINTMENT REQUEST FORM

General Information

Agency Name _____

Agency Branch Address _____

Phone Number (____) _____

Fax Number (____) _____

General email address _____

Website address _____

Employer ID # _____

Branch Office _____

Addresses _____

Date Opened Office _____

Years as a Business Owner _____

Other Location _____

Address _____

E & O Coverage

Does agency have E&O coverage? Yes No

Company Name and Policy # _____

Policy# _____

**Please provide a copy of the Declaration Page*

Staff Information

Please List All Staff Members:

<u>Name</u>	<u>SS#</u>	<u>Licensed</u>
	- -	Y N

	SS#	- -	Y	N
--	-----	-----	---	---

Date Licensed _____

Email address _____

Professional Designations _____

	SS#	- -	Y	N
--	-----	-----	---	---

Date Licensed _____

Email address _____

Professional Designations _____

	SS#	- -	Y	N
--	-----	-----	---	---

Date Licensed _____

Email address _____

Professional Designations _____

	SS#	- -	Y	N
--	-----	-----	---	---

Date Licensed _____

Email address _____

Professional Designations _____

If needed, please list additional members on a separate sheet

Any business developed by Solicitors? Yes No
If yes, remarks _____

Have any agent or broker licenses' been canceled or suspended for cause? Yes No
If yes, which company and why? _____

Have you ever filed an E&O claim for the agency? Yes No
If yes, why? _____

Has anyone in the agency been convicted of a felony? Yes No
Name _____
Charges _____

Other Carriers

Please List the 5 Largest Standard P/C Companies You Currently Representing

Name	Date of Inception	Total Volume to Date
1. _____	/	\$
2. _____	/	\$
3. _____	/	\$
4. _____	/	\$
5. _____	/	\$

**Attach 3 years of production sheets*

Has the agency had any appointments terminated in the last 3 years? Yes No
If yes, when and why? _____

Is there an opportunity for a book rollover from one of these companies? Which carrier and Why? _____

Do you use an E & S Carriers? Yes No
Why? _____

Planned new business growth for the upcoming year is _____ % or \$ _____

Personal Auto	_____ %	Homeowners	_____ %
Fire Dwelling	_____ %	Marine Lines	_____ %
Commercial Lines	_____ %	Farm Lines	_____ %

Total Growth 100 %

Billing Information

Are all agents combined for profit sharing? Yes No
If No, who is excluded? _____

Is the agency accepting EFT payments of commissions? Yes No
**Required for appointment*

Computer Interface

Computers type and size _____

Network Type Windows NT 2000 Novell Other None

**Please circle one*

Modem Type and size _____

Agency Management System Applied AMS Doris SIS Other None

**Please circle one*

Version of System _____

Type of Connection: Dial up High Speed (DSL, Cable, Satellite, T1, etc.) No Internet
**Internet Connection is required for appointment*

Do all of the computers in the agency have Internet access? Yes No

Ivans Account Number _____

Ivans Machine Address _____

Ivans batch user ID _____

Can the agency accept downloads? Yes No

Policy Number Format _____

Contact Person _____

Does the agency upload to any carriers? Yes No

Rating Software Vendor: ACS Capital Rackley AMS Other None

**Please circle one*

What is your Rating Software Preference?

Standalone (Rating Disc's) Web Based Transformation Station

Do you have the capability to email the following?

ACORD Yes No

Digital Photos Yes No

Do you have a scanner? Yes No

Does the agency have a perpetuation plan?

Yes

No

If yes, please explain

Does the agency have a marketing plan?

Please provide a general description of the territories you plan to solicit

Please evaluate your business interests and advise which products you intend on actively soliciting, 5 being the greatest interest.

Personal Lines	5	4	3	2	1
Commercial Lines	5	4	3	2	1
Farm	5	4	3	2	1
Marine	5	4	3	2	1

Please provide 3 written referrals from community or business associates.

1.

2.

3.

Please return the form with the supporting documents to the attention of:

Kurt M. Dettmer
 Vice President of Marketing
 Fremont Insurance Company
 933 E. Main Street
 Fremont, MI 49412