



If you are interested in an appointment with Genesee Patrons Cooperative Insurance Company, please fill out the form below and return via email to Mark Williams at MWilliams@gpins.net. Thank you for considering Genesee Patrons for your insurance needs.

Basic Agency Information

| | | | |
|---------------------|--|-------------------------|--|
| Agency Name | | Telephone | |
| Address 1 | | Fax | |
| Address 2 | | Website | |
| City, ST ZIP | | Date Established | |
| | | NYS PC License # | |

Main Contact Information

| | |
|----------------------|--|
| Name | |
| Telephone | |
| Email Address | |

Business Structure

| | |
|--------------------|--|
| Individual | |
| Corporation | |
| Partnership | |
| DBA | |
| LLC | |
| Other | |
| | |

Additional Locations Information

| Location # | Address 1 | Address 2 | City, ST ZIP | Branch Contact | Telephone | Fax |
|-------------------|------------------|------------------|---------------------|-----------------------|------------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |



Represented Insurance Carrier Section (Provide Year End #'s for Most Recent 4 Years)

| | Insurance Company | Original Date Appointed | Year | Premium Volume | Percentage Premium Allocation | | | | Overall Loss Ratio |
|------------------------------------|-------------------|-------------------------|------|----------------|-------------------------------|----------|----------|------------|--------------------|
| | | | | | Auto | Property | Personal | Commercial | |
| Co. 1 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Co. 2 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Co. 3 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Co. 4 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Co. 5 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total All Companies Section | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



General Information Questions

Yes

No

1. Do you have E&O Coverage with at least \$1,000,000 limits?
2. Have you had any E&O claims in the last three (3) years?
(If "Yes", please describe below)
3. Are you a member of any "Cluster Group" arrangements?
(If "Yes", please list the Group name below)
4. If "Yes" to Question 3, are they currently appointed with Genesee Patrons?
5. Do you currently have a perpetuation plan in place?
6. Have you been terminated with any carriers in the last three (3) years?
(If "Yes", please provide reason for termination below)

Other Comments: