



If you are interested in an appointment with Genesee Patrons Cooperative Insurance Company, please fill out the form below and return via email to Steve Krna at Steve.Krna@gpins.net or by fax at (585) 343-5036. Thank you for your interest.

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: