



HARFORD MUTUAL
INSURANCE GROUP

Prospective Agency Form

GENERAL AGENCY INFORMATION

Legal Name: _____ Doing Business As: _____

Yes No Are you part of an MSO/ Aggregator/ Agency Group?

If yes, which one _____ Yes No Are you for profit sharing purposes?

Website URL: _____ Phone Number: _____

Primary Location Name: _____

Contact Name: _____ Contact Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Yes No Do you have additional locations? If yes, how many: _____

Total Agency Staff: _____ CL Service Staff: _____ CL Producers: _____ Revenue Threshold for Producers: _____

AGENCY PROFILE

Date Agency was Established: _____ Agency Type: Corporation Partnership Individual

PROFILE / COMPETITOR INFORMATION

Total P&C annual DWP volume last year: _____% CL _____% PL _____% Other _____%

Top 3 P&C Companies Represented (Commercial Only):

Company Name	Total Commercial Premium	Commercial New Business Last Year

Carrier Reports including premium and 3-5 year loss ratio may be requested as part of our review

Does the agency specialize in any niche segments, or market to certain classes of business?

SIGNATURE

Signature of Agency Principal: _____ Date: _____

Type Name: _____

Once your submission has been reviewed, our Business Development team will contact you regarding any additional information needed or next steps.

EMAIL

Click here to attach form to email, or send to potential_agents@hm1842.com