

Workers' Compensation Agency Application



We would like to learn more about you to see if we can provide a market for your agency. Complete this Agency Application to initiate the review process and send to work_comp@icwgroup.com.

Agency Information

*First Name: _____ *Last Name: _____
*Title: _____
*Phone: _____ Mobile: _____
Fax: _____
*Your Email: _____

Agency Information

*Agency Name: _____
DBA: _____
*Agency Type: Agency Broker
*Physical Address: _____
*City: _____
*State: _____ *Zip: _____
*Is mailing address the same?
 Yes No (If No, please complete the mailing address below)
Mailing Address: _____
City: _____
State: _____ Zip: _____

Workers' Compensation Market

*Work comp volume \$: _____ # below \$25K: _____
*Number of accounts: _____
*Number of producers: _____
*List the states you predominantly do business in: _____

Carrier Information

Please account for 90% of premium volume. Production reports are required prior to appointment.

*Carrier	Premium	# of accounts	5Year Loss Ratio
	\$		
	\$		
	\$		
	\$		

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Wholesale Relationships

List wholesalers used for workers' comp line and what ICW Group volume, if any, that you have with them.

Wholesaler	Current Volume with ICW Group	# of ICW Group accounts
	\$	
	\$	
	\$	
	\$	

*Are you a member of a cluster? (network of independent insurance agency partners)

Yes No

If yes, please explain:

*Is your agency affiliated with any other insurance carrier? (i.e. State Farm, Farmers)

Yes No

If yes, please explain:

Book of Business Profile

*Does your agency specialize in a specific industry?

Yes No

If yes, please explain:

Company Information

*Has your agency/brokerage ever had your license suspended, revoked or otherwise restricted by the Department of Insurance of ANY state?

Yes No

If yes, please explain:

*Has your appointment ever been terminated by a carrier?

Yes No

If yes, please explain:

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*Has your agency/brokerage ever had an appointment with an ICW Group Insurance Company? (Ex. Insurance Company of the West, Explorer Insurance Company, VerTerra Insurance Company, or other subsidiary.)

Yes No

If yes, please explain:

*Have any of the principals, partners, officers, directors, or employees in your agency/brokerage ever been convicted in any state, federal, commonwealth, or territorial jurisdiction of felony crimes involving dishonesty or breach of trust, or any violation of Title 18 U.S.C. § 1033?

Yes No

If yes, please explain:

*Has your agency/brokerage filed bankruptcy in the last 7 years?

Yes No

If yes, please explain:

Principals

*Principal's Name	Title	Phone	Email
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Agency Contract Signator

*Name	Title	Phone	Email
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Thank you for your interest in ICW Group!

Use the button below or send your completed form as an attachment to work_comp@icwgroup.com.

Submit Form to ICW Group