



## APPLICATION FOR STICO MUTUAL PRODUCER APPOINTMENT

*This application must be completed by the Licensed Producer or designee on behalf of the firm. All questions must be fully answered and the application signed by an owner, officer, or principal of the firm.*

*Once completed, please return application to Samantha Nitschke at [samantha@stico.org](mailto:samantha@stico.org).*

### BUSINESS ENTITY BASIC INFORMATION

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

Form of Business Entity:

Individual    Partnership    Corporation    LLC    Other: \_\_\_\_\_

TIN/EIN/SSN: \_\_\_\_\_ State of Domicile/Incorporation: \_\_\_\_\_

Agency License # \_\_\_\_\_ State: \_\_\_\_\_ Date Agency First Established: \_\_\_\_\_

Additional States Licensed & License #: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Agency Total Written Premium: \_\_\_\_\_ Percentage Commercial Business: \_\_\_\_\_

Total Written General Liability Premium: \_\_\_\_\_ Pollution Liability Premium: \_\_\_\_\_

Does your firm have an industry focus?  Yes  No If Yes, please describe: \_\_\_\_\_

Do you have Errors & Omissions Insurance in-force?  Yes  No

Do you have Fidelity Insurance in-force?  Yes  No

### KEY PERSONNEL CONTACT INFORMATION

<u>Position</u>	<u>Name</u>	<u>Email</u>	<u>Phone #</u>
Producer			
Acct. Manager			
Accounting			

## AGENCY LOCATIONS

<u>Loc #</u>	<u>Street Address</u>	<u>City</u>	<u>ST</u>	<u>Zip</u>	<u>Phone #</u>

## OPPORTUNITIES

<b>What are your top five commercial carriers with direct appointments (by premium size)?</b>		
	<u>Carrier</u>	<u>Premium</u>
1.		
2.		
3.		
4.		
5.		

STICO Mutual is a niche carrier that focuses exclusively on writing manufacturers, distributors, installers and servicers of storage tanks, pressure vessels, piping and related components. Due to our specialized focus, we know this business better than any other carrier. Our broad, customized coverage forms, proactive claims handling, stable rate history and policyholder dividend program make STICO an ideal long-term destination for your clients who fit our insured profile.

Are you willing to make a commitment to consider STICO exclusively for this narrow range of clients?

Yes    No

What new business premium volume do you expect to place with STICO Mutual annually? \$\_\_\_\_\_

**STICO Mutual reserves the right to deny an appointment for any reason, including existing market saturation.**

We believe all of the above answers to be true and correct and understand that they will form the basis of the appointment, should it be granted. We understand that the appointment may be terminated immediately if any of the answers above prove to be untrue, or if, during the course of the appointment, circumstances change so that they become untrue. We shall undertake to inform STICO Mutual of any such changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_