



## Tower Hill Insurance

# Personal Lines

## Prospective Agency Questionnaire

Thank you for your interest in Tower Hill Insurance Group, LLC. Our Tower Hill family of companies specializes in property insurance (homeowners, renters, condominium owners and commercial properties), as well as flood coverage.

Tower Hill is headquartered in Gainesville, Florida with backup operations in Lexington, Kentucky. We have provided property insurance products to independent agents across Florida since 1972, and our success is largely the result of a focus on meeting the needs of our independent agents and their customers. Our goal is to provide superior customer and claims service, along with competitive premiums and products.

If you are interested in representing Tower Hill as a Personal Lines agent, please complete this questionnaire and return it to us via email with the required information listed below:

Email address: [PLappointment@thiq.com](mailto:PLappointment@thiq.com)

### **Required information:**

1. Copy of Agency Errors and Omissions Policy
2. Copy of Agent(s) 2-20 License(s)
3. Copy of Agency Business Plan
4. Copies of Loss Runs from Two (2) Standard Homeowner Markets
5. Photograph of the Front View of the Agency

If you have any questions about this questionnaire or the appointment process, please contact Patrick Banis at [pbanis@thiq.com](mailto:pbanis@thiq.com) or Michael Galen at [mgalen@thiq.com](mailto:mgalen@thiq.com). Again, we appreciate your interest in doing business with Tower Hill Insurance Group and we look forward to hearing from you.

**GENERAL AGENCY INFORMATION**

Agency Name: (as indicated on W9) \_\_\_\_\_

DBA Name: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Agency Fax Number: \_\_\_\_\_

Website URL: \_\_\_\_\_ Facebook URL: \_\_\_\_\_

Agency E-Mail Address: \_\_\_\_\_

Agency is a ... Corporation ( ) Partnership ( ) Proprietorship ( )

Primary Personal Lines Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held at Agency: \_\_\_\_\_ Email Address: \_\_\_\_\_

# of Locations: \_\_\_\_\_ Year Established: \_\_\_\_\_ Tax and/or Federal ID #: \_\_\_\_\_

Has the agency had a prior appointment with Tower Hill Insurance Group? YES ( ) NO ( )

Has any company terminated the agency within the past three years? YES ( ) NO ( ) *If YES, please explain in detail in the space provide below.*

E&O Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Limits: \_\_\_\_\_

Association Memberships: FAIA ( ) PIA ( ) Independent Agent Associations ( )

Ownership of book? Agency ( ) Producer ( ) Combination ( )

Has the agency or any officer, owner, or partner ever experienced the following? *(If YES, attach a detailed explanation.)*

- 1. Been charged, arrested, or convicted of a felony? YES ( ) NO ( )
- 2. Had denied, suspended, or revoked any insurance license applied for or issued? YES ( ) NO ( )
- 3. Been disciplined by any insurance regulatory body? YES ( ) NO ( )
- 4. Filed bankruptcy, been sued, or had a judgment entered? YES ( ) NO ( )
- 5. Had any bond contract cancelled for cause? YES ( ) NO ( )
- 6. Had any agency contract cancelled for cause? YES ( ) NO ( )

**AGENCY PRINCIPAL(S): if there are additional principals, please indicate on separate sheet**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Insurance License Number: \_\_\_\_\_ Insurance License \_\_\_\_\_  
State(s) Licensed In: \_\_\_\_\_ State(s) Licensed In: \_\_\_\_\_  
Total Years Licensed: \_\_\_\_\_ Total Years Licensed: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**HOMEOWNER: Standard homeowner companies agency presently represents**

<b>Company Name:</b>	<b>Date Appointed:</b>	<b>In-Force Premium</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**CURRENT PREMIUM VOLUME: All agency lines of business**

**Total Agency Premium:** \$ \_\_\_\_\_ *(all locations combined)*  
Homeowner: \$ \_\_\_\_\_ Auto (Personal): \$ \_\_\_\_\_  
Mobile Home: \$ \_\_\_\_\_  
Flood: \$ \_\_\_\_\_

**Line of Business Analysis (by percentage):**

Personal Lines: \_\_\_\_\_ % Commercial Lines: \_\_\_\_\_ %  
Of Personal Lines: Homeowner: \_\_\_\_\_ % Auto: \_\_\_\_\_ %

**CURRENT MONTHLY NEW BUSINESS PRODUCTION: Currently write with all carriers**

**Homeowner:** Quotes: \_\_\_\_\_ Bound: \_\_\_\_\_  
**Dwelling:** Quotes: \_\_\_\_\_ Bound: \_\_\_\_\_

**ESTIMATED TOTAL PRODUCTION: Annual estimated new business production with Tower Hill**

Please estimate the volume your agency will write with Tower Hill annually for each line of business applied for. You may indicate as total premium or application count.

Homeowner: \_\_\_\_\_ Dwelling Fire: \_\_\_\_\_ Condo: \_\_\_\_\_  
Mobile Homeowner : \_\_\_\_\_ Renters: \_\_\_\_\_ Flood: \_\_\_\_\_

**AGENCY LOCATION 1 (PRIMARY)**

**Physical Address:** \_\_\_\_\_

City & ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_

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

City & ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**STAFF POSITION**

**EMAIL ADDRESS**

**LICENSE NUMBER**

*Personal Lines Manager:*

*Agents:*

*CSRs:*

**NOTE:** For each additional agency location, please provide all requested information as shown above.

**COMMENTS**

As the agency principal, I hereby declare the information provided to Tower Hill Insurance Group, LLC in this document is true and correct.

Agency Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR TOWER HILL USE ONLY:**

Date Completed:	Marketing Representative:	Data Input in Salesforce:
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