



**Fremont Insurance**

*Insuring and Investing Exclusively in Michigan Since 1876*

To Whom It May Concern:

Subject: Agency Appointment Request

Thank you for inquiring about an agency appointment. Fremont Insurance is a Michigan exclusive carrier, representing agencies only based with in our state.

The company is represented by less than 15% of the independent agency force. It is our philosophy to provide exceptional service to a controlled number of agencies and policyholders, rather than an average service to the masses. With this approach, the company has maintained a retention ratio above 91%.

We do consider new partnerships. With each appointment we provide a franchise value, protecting our agencies from infringements and providing a market not available to their immediate competition.

Because of our commitment, the appointment due diligence includes reviewing the returned documentation, contact with your references, credit checks on yourself and other employees, reviewing the history of your agency license and the licenses of your staff, technology evaluations, demographic review, pricing evaluations, and contacting other agents in your area for their confidential opinions.

Concluding this process, I will personally contact you to express our position. If favorable, the agency principals will be invited to our home office for a personal interview.

If you should have any questions, please do not hesitate to contact me at your convenience.

Respectfully yours,

Kurt M. Dettmer  
Vice President of Marketing  
Fremont Insurance Company

Enclosure (1)

Date \_\_\_\_\_

## Fremont Insurance Company Agency Appointment Consideration Form

### General Agency Information

Agency name as it would appear on declaration pages \_\_\_\_\_

I.R.S. Business Name \_\_\_\_\_

Employer ID # \_\_\_\_\_

Agency address \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_

General email address \_\_\_\_\_

Website address \_\_\_\_\_

Date established \_\_\_\_\_

Years owned by current owners \_\_\_\_\_

Does the agency maintain a Facebook page	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the agency maintain a Twitter Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the agency maintain a Linked In page	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the agency maintain a Blog	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Branch Information

Branch office name \_\_\_\_\_

Branch address \_\_\_\_\_

Date branch opened \_\_\_\_\_

Will this branch require a separate business code  Yes  No

### E & O Coverage

Does agency have E&O coverage?  Yes  No

Company Name and Policy # \_\_\_\_\_  
Policy# \_\_\_\_\_

*\*Please provide a copy of the Declaration Page*

Any business developed by Solicitors?  Yes  No  
If yes, remarks \_\_\_\_\_

Have any agent or broker licenses' been canceled or suspended for cause?  Yes  No  
If yes, which company and why? \_\_\_\_\_

Have you ever filed an E&O claim for the agency?  Yes  No  
If yes, why? \_\_\_\_\_

Has anyone in the agency been convicted of a felony?  Yes  No

Name \_\_\_\_\_

Charges \_\_\_\_\_

**Other Carriers**

Please list the 5 largest standard P/C companies you're currently representing

Name	Date of Inception	Total Volume to Date
1. _____	/	\$ _____
2. _____	/	\$ _____
3. _____	/	\$ _____
4. _____	/	\$ _____
5. _____	/	\$ _____

*\*Please attach your most recent production reports*

Please identify any other carriers you currently maintain a contract with

- 6.
- 7.
- 8.
- 9.
- 10.

Has the agency had any appointments terminated in the last 3 years?  Yes  No  
If yes, when and why?

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Is there an opportunity for a book rollover from one of these companies?

Which carrier and why? \_\_\_\_\_

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Planned new business growth for the upcoming year is \_\_\_\_\_ % or \$ \_\_\_\_\_

Personal Auto	_____ %	Homeowners	_____ %
Fire Dwelling	_____ %	Marine Lines	_____ %
Commercial Lines	_____ %	Farm Lines	_____ %

**Staff Information**

Please List All Staff Members:

Name \_\_\_\_\_ SS# - - \_\_\_\_\_  
Licensed \_\_\_\_\_  Yes  No  
Date licensed \_\_\_\_\_  
Email address \_\_\_\_\_  
Professional designations \_\_\_\_\_  
Position: Principal PL Agent CL Agent CSR Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?  Yes  No

Name \_\_\_\_\_ SS# - - \_\_\_\_\_  
Licensed \_\_\_\_\_  Yes  No  
Date licensed \_\_\_\_\_  
Email address \_\_\_\_\_  
Professional designations \_\_\_\_\_  
Position: Principal PL Agent CL Agent CSR Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?  Yes  No

Name \_\_\_\_\_ SS# - - \_\_\_\_\_  
Licensed \_\_\_\_\_  Yes  No  
Date licensed \_\_\_\_\_  
Email address \_\_\_\_\_  
Professional designations \_\_\_\_\_  
Position: Principal PL Agent CL Agent CSR Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?  Yes  No

Name \_\_\_\_\_ SS# - - \_\_\_\_\_  
Licensed \_\_\_\_\_  Yes  No  
Date licensed \_\_\_\_\_  
Email address \_\_\_\_\_  
Professional designations \_\_\_\_\_  
Position: Principal PL Agent CL Agent CSR Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?  Yes  No

Name \_\_\_\_\_ SS# - - \_\_\_\_\_  
Licensed \_\_\_\_\_  Yes  No  
Date licensed \_\_\_\_\_  
Email address \_\_\_\_\_  
Professional designations \_\_\_\_\_  
Position: Principal PL Agent CL Agent CSR Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?  Yes  No

Name \_\_\_\_\_ SS# - -  
 Licensed \_\_\_\_\_  Yes  No  
 Date licensed \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Professional designations \_\_\_\_\_  
 Position:      Principal      PL Agent      CL Agent      CSR      Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?       Yes       No

Name \_\_\_\_\_ SS# - -  
 Licensed \_\_\_\_\_  Yes  No  
 Date licensed \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Professional designations \_\_\_\_\_  
 Position:      Principal      PL Agent      CL Agent      CSR      Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?       Yes       No

Name \_\_\_\_\_ SS# - -  
 Licensed \_\_\_\_\_  Yes  No  
 Date licensed \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Professional designations \_\_\_\_\_  
 Position:      Principal      PL Agent      CL Agent      CSR      Receptionist  
Does this individual have authority to view Agency Reports  
(commission statements, production reports, etc) ?       Yes       No

\*If needed, please list additional members on a separate sheet

Which email address would be utilized for EFT Confirmations \_\_\_\_\_

Which email address would be utilized for Claims Acknowledgements \_\_\_\_\_

**Billing Information**

Are all agents combined for profit sharing?  Yes  No  
 If no, who is excluded? \_\_\_\_\_

Is the agency accepting EFT payments of commissions?  Yes  No  
 \*Required for appointment

**Agency Automation Information**

**Computers type and size** \_\_\_\_\_

**Network Operating System**      **Windows XP**      **Windows 7.0**      **MAC**      **Other** \_\_\_\_\_  
*\*Please circle one*

**Agency Management System**      **Applied**      **AMS**      **Doris**      **NASA**      **SIS**      **Other**  
*\*Please circle one. Fremont Insurance only appoints agencies supported by management systems*

**Other System** \_\_\_\_\_

**Version of System** \_\_\_\_\_

**Do all of the computers in the agency have Internet access?**       **Yes**       **No**

**Ivans Account Number** \_\_\_\_\_

**Ivans Machine Address** \_\_\_\_\_

**Ivans batch user ID** \_\_\_\_\_

**Does the agency currently download?**       **Yes**       **No**

**Policy Number Format** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Does the agency upload to any carriers?**       **Yes**       **No**

**Rating Software Vendor:**      **ACS**      **Capital**      **Rackley**      **AMS**      **Other**      **None**

*\*Please circle one*

**Agency Future Plans**

Does the agency have a perpetuation plan?

Yes

No

If yes, please explain \_\_\_\_\_

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Does the agency have a marketing plan? \_\_\_\_\_

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Please provide a general description of the territories you plan to solicit \_\_\_\_\_

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**Please evaluate your business interests and advise which products you intend on actively soliciting**

Personal Lines	5	4	3	2	1
Commercial Lines	5	4	3	2	1
Farm	5	4	3	2	1
Marine	5	4	3	2	1
Life	5	4	3	2	1

Please provide 3 names of potential referrals from community, business associates or other agents currently representing Fremont Insurance Company.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Thank you for taking the time to complete the above requested information. If you should have any questions, please do not hesitate to contact me at your convenience. The information can be sent to me via mail, fax or electronically.

I look forward to speaking with your personally in the near future.

Sincerely,

Kurt M. Dettmer  
Vice President Marketing and Sales  
Fremont Insurance Company  
933 E. Main Street  
Fremont, MI 49412

O- 231.924.8411  
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