



## Tower Hill Insurance

### 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, mobile 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 becoming a Tower Hill agent, please complete this questionnaire and return it to us at the following address, along with the information requested below. You may also email a copy of the completed questionnaire and all requested documents to [marketing@thig.com](mailto:marketing@thig.com).

Tower Hill Insurance Group, LLC  
ATTN: Marketing Department/PAQ  
P.O. Box 147018  
Gainesville, FL 32614

***NOTE: You will only need to complete the Commercial sections of this application if you are applying for both Personal Lines and Commercial Lines appointments with Tower Hill. The Commercial sections are indicated with an asterisk (\*).***

**The following items are required for us to evaluate your agency:**

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 the **Marketing Department at (888) 245-4385, extension 6411**. Again, we appreciate your interest in doing business with Tower Hill Insurance Group and we look forward to hearing from you.

**LINES OF BUSINESS APPLYING FOR:**

Personal Lines ( ) Commercial Lines ( ) BOTH Personal and Commercial Lines ( )

**GENERAL AGENCY INFORMATION**

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

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

Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held at Agency: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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

# 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 ( )

Additional business interests: None ( ) Banking ( ) Mortgage Loans ( ) Premium Financing ( )

Other (explain): \_\_\_\_\_

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)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Insurance License Number: \_\_\_\_\_ Insurance License Number: \_\_\_\_\_  
 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**

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

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

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

**COMMERCIAL: Standard commercial companies agency presently represents\****Complete ONLY if applying for Commercial Lines*

<i>Company Name:</i>	<i>Date Appointed:</i>	<i>In-Force Premium Volume:</i>
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: \_\_\_\_\_ %

**ESTIMATED MIX OF COMMERCIAL BUSINESS\*** Complete ONLY if applying for Commercial Lines

	<i>Est. Premium</i>	<i>Est. Mix of Business</i>	<i>Source</i>
HOA:	\$ _____	_____ %	_____
Mobile Home Park:	\$ _____	_____ %	_____
Self-Storage:	\$ _____	_____ %	_____
Office/Retail:	\$ _____	_____ %	_____
Other (Explain):	\$ _____	_____ %	_____

**ESTIMATED TOTAL PRODUCTION**

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.

**Personal Lines:**

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

**Commercial Lines:\*** Complete ONLY if applying for Commercial Lines

Office Retail: \_\_\_\_\_ Self-Storage: \_\_\_\_\_ Lessor's Risk: \_\_\_\_\_  
 Hotel/Motel : \_\_\_\_\_ Other (Explain): \_\_\_\_\_

**COMMENTS**

**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:*

*Commercial Lines Manager:\* Complete ONLY if applying for Commercial Lines*

*Agents:*

*CSRs:*

*Commercial Producers:\* Complete ONLY if applying for Commercial Lines*

*Total number of Commercial Producers in this location:\**

*Complete ONLY if applying for Commercial Lines*

**AGENCY LOCATION 2**

**Physical Address:**

---

City & ZIP Code:

---

County:

---

**Mailing Address:**

---

City & ZIP Code:

---

Phone:

---

Fax:

---

**STAFF POSITION**

**EMAIL ADDRESS**

**LICENSE NUMBER**

*Personal Lines Manager:*

*Commercial Lines Manager:\* Complete ONLY if applying for Commercial Lines*

*Agents:*

*CSRs:*

*Commercial Producers:\* Complete ONLY if applying for Commercial Lines*

*Total number of Commercial Producers in this location:\**  *Complete ONLY if applying for Commercial Lines*

**AGENCY LOCATION 3**

**Physical Address:**

City & ZIP Code:

County:

**Mailing Address:**

City & ZIP Code:

Phone:

Fax:

**STAFF POSITION**

**EMAIL ADDRESS**

**LICENSE NUMBER**

*Personal Lines Manager:*

*Commercial Lines Manager:\* Complete ONLY if applying for Commercial Lines*

*Agents:*

*CSRs:*

*Commercial Producers:\* Complete ONLY if applying for Commercial Lines*

*Total number of Commercial Producers in this location:\**  *Complete ONLY if applying for Commercial Lines*

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

**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:**

<b>Date Completed:</b>  	<b>Marketing Representative:</b>  	<b>Data Input in Salesforce:</b>  
--------------------------------	--	--