

Welcome to The Hartford

New appointment agency information form.

General Agency Information

Agency name:		Principal name:	
Agency street address, city, state, zip code:		Principal phone:	
Agency mailing address, city, state, zip code:		Principal email:	
Agency phone:		Primary contact name (if different from principal):	
Agency email:		Primary contact phone (if different from principal):	
Agency fax:		Sub location primary contact email (if different from principal):	
Agency website URL:		Is the primary contact authorized to sign contracts?	Yes No
Agency tax ID:		Do you want to receive agency loss notifications?	Yes No
Agency ownership type:		What is your Lexis Node ID?	

Prior Appointment With The Hartford

Has your agency ever applied for appointment or been appointed by The Hartford?	Yes	No
If yes:	When?	
Does your agency currently have premium placed with The Hartford through another agency, broker or aggregator?	Yes	No
If yes, what's the total written premium with them?	If yes, which aggregator?	
If yes, why are you looking to leave them?		
Why are you interested in a Hartford PL Appointment?		

Employee Information

Do you conduct background checks on your employees?	Yes	No
If yes, how often?		
Number of all licensed employees (e.g., producers, account executives and CSRs):		

Agency Production

What is your agency's total written premium?

% of premium for:

Commercial Lines:

Personal Lines:

List all lines of business your agency produces (SC, Med Sup, etc.)

Personal Lines Insurance

Please list your top 3 personal line carriers by total written premium:

1.

\$

2.

\$

3.

\$

Personal Lines Quote Activity

New monthly quote flow volume:

Issue Rate:

What is the average number of auto quotes the agency completes each month?

Home quotes?

How much of quote flow is the preferred mature market 50+?

Agency Book Information

What is your TWP prior year end?

How much new PL business do you write annually?

What percentage of your new business is the Preferred Mature Market?

What percentage of the agency's PL in-force book is:

Account:

Monoline:

Of monoline business, what percentage is:

Auto:

Home:

What percentage of agency's total Personal Lines policies are non-standard?

What is the agency's definition of non-standard?

Marketing

Does the agency have a marketing coordinator or department?

Yes

No

If yes, name here:

Describe the agency's marketing plan:

Marketing (cont'd)

Describe how the agency markets and solicits new business:

Does the agency currently cross-sell Commercial Lines to Personal Lines?

Yes

No

Describe your cross-sell process:

Does the agency market specifically to the Mature Market?

Yes

No

If yes, describe:

Does the agency participate in community events?

Yes

No

If yes, describe:

Would the agency be interested in co-branding events?

Yes

No

Describe the agency's renewal process:

What social media platforms does the agency utilize?

Agency Operations

How many dedicated PL producers does the agency employ?

Does anyone else have an ownership interest in the agency?

Yes

No

Do you have a dedicated PL division?

Yes

No

Does your agency utilize carrier service centers?

Yes

No

How does the agency train their PL staff?

Who makes PL the placement decision?

Do you have a comparative rater?

Yes

No

If yes, which comp rater?

Agency Operations (continued)

How do you utilize the comp rater?

How do you incent your staff?

Is the staff aware of commission level?

Yes

No

Can the staff participate in carrier incentive campaigns?

Yes

No

Certification

By my signature below, I certify that the information provided herein is complete and accurate. If an appointment is offered to me and my agency, I understand that a background check may be conducted on me and all staff members in my employ as part of the appointment process. I confirm that the production statement, carrier financial and loss statements that accompany this application are only for my agency and that these reports completely and accurately represent my agency's production for the most recent three calendar years.

Signature:

Date:

Print name:

Title:

Access to The Hartford's Electronic Business Center (EBC) and Agency Education

The Electronic Business Center (EBC) is The Hartford's Agent website for:

New Business quoting and issuance | Servicing policies |
Claim and Billing information Forms and Marketing material | Reference and Training material

Please identify an EBC administrator. This person will be responsible for registering new users, applying user permissions, and maintaining records.

The Hartford's Agency Education & Consulting Team will provide training on Hartford systems and products. Please identify a contact for Agency Education to schedule training:

EBC Administrator Name

Training Contact Phone

EBC Administrator Phone

Training Contact Phone

EBC Administrator Email

Training Contact Email

What Agency Management System do you use?

Do you want Agency Download?

Yes

No

Licensed Producers

Name and Email

Fair Credit Reporting Act, Disclosure and Consent Form

This disclosure is being provided to you by The Hartford pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "The Hartford" means Hartford Fire Insurance Company, and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility: (i) to be appointed or sponsored as a licensed agent of The Hartford, (ii) to be certified or authorized to produce or place business with The Hartford, including with respect to certain products or programs, and/or (iii) to maintain such appointments, certifications, or authorizations in one or more states, The Hartford may from time to time order reports through various vendors that validate or provide information on your producer licensing status, including insurance regulatory matters, and reports relating to your financial/credit and/or criminal background. These reports may include "consumer reports" from a "consumer reporting agency" (CRA), as such terms are defined under the FCRA.

Authorization to Order Consumer Reports

By signing below, I hereby voluntarily authorize The Hartford to obtain consumer reports relating to my producer licensing status, insurance regulatory, financial/credit, and criminal background, and to use those reports in connection with any insurance agent or producer license, appointment, certification, or other authorization, as described above, or which I may seek, whether now or in the future, in any jurisdiction. I hereby further voluntarily authorize The Hartford to disclose information in such reports, as well as information I may provide, as permitted by applicable law. This is a continuing authorization.

Signature:		Print Name:		Date:	
-------------------	--	--------------------	--	--------------	--

For California, Oklahoma and Minnesota Resident Producers:

You have the right to request a copy of any consumer report we may order. You will automatically receive a copy of any consumer report ordered relating to your financial/credit and/or criminal background from the CRA: General Information Services, Inc., PO Box 353, Chapin, SC 29036. Tele: (877) 590-4012; Website: www.geninfo.com

By checking the box below, you can receive a copy of any consumer report we may order relating to your producer licensing status, including insurance regulatory matters, from the CRA: National Insurance Producer Registry, 2301 McGee Street, Suite, 800, Kansas City, Missouri 64108. Tele: (816) 783-8468; Website: www.nipr.com

I wish to receive a copy of any such consumer report ordered.	Yes
--	------------

For California Residents Only

Please see the back of this form for additional information.



Additional Disclosures for California Resident Producers

The consumer reports ordered, for the purposes described previously, may include what California law defines as an “investigative consumer report,” which may contain information relating to your character, general reputation, personal characteristics, and mode of living. In addition to the right to receive a copy of any consumer report order, as described previously, you also have the right to visually inspect the files concerning you that are maintained by the consumer reporting agency, provided the inspection is during normal business hours and upon reasonable notice. The inspection can be done in person if you appear in person and furnish proper identification. “Proper identification” as used in this paragraph means information generally deemed sufficient to identify a person, which includes documents such as a valid driver’s license, social security account number, military identification card and credit cards. If you are unable to reasonably identify yourself with the information described above, you may be required to provide additional information concerning your employment and personal or family history in order to verify your identity. You are entitled to be accompanied by one person of your choosing, who shall furnish reasonable identification. You may be required to furnish a written statement granting the consumer reporting agency permission to discuss your file in the presence of such person. You are entitled to a copy of the file for a fee not to exceed the actual costs of duplication services. The inspection can also be done via certified mail if you make a written request, with proper identification, for copies to be sent to a specified addressee. You can also request a summary of the information to be provided by telephone if you make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to you. The consumer reporting agency shall provide trained personnel to explain to you any of the information furnished to you, as well as a written explanation of any coded information contained in files maintained on you.

P&C Principal Data Form

Principal Information

First Name		Middle Initial		Last Name	
Resident Street Address (no P.O. Boxes)					
City		State		Zip	
Date of Birth (mm/dd/yyyy)		Social Security Number (SSN)		National Producer Number (NPN)	
Business Email		Business Phone			

Producer Firm Information

Firm Name		Firm FEIN		Producer Code (if known, 8 digits)	
-----------	--	-----------	--	------------------------------------	--