

AMCOM Insurance Services

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Agency Operations:

Volume:

Current Year _____ Last Year _____ Prior Year _____

List percentage of volume by line:

Personal Auto _____ Commercial Auto _____ Other _____

Company Appointments:

Company/MGA	Annual Premium Volume	Loss Ratio/Attach Loss Runs
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By signing below, you give AMCOM the right to verify any and or all information contained on this application.

Print Name: _____

Signature _____

Date _____