

Thank you for your interest in becoming a valued appointed agency with iQUE Insurance Company. To start the process, please complete this document and return it to us by email at uwsubmissions@iqueinsurance.com along with a current signed W-9, Errors & Omissions Certificate of Insurance or an Errors & Omissions declaration page. If requesting appointments of multiple branches complete one form for each branch.

GENERAL INFORMATION

Legal Name of the Agency:		Mailing Street Address, City State and Zip	
Agency DBA:		Physical Street Address, City, State and Zip	
Phone:		Fax:	
Main Agency Email:		Agency Website:	
Agency FEIN		Entity Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership

AGENT(S) TO BE APPOINTED

Agent Legal Name :		Agent Legal Name :	
Social Security Number (Only complete for GA)		Social Security Number (Only complete for GA)	
License State:		License State:	
License Number:		License Number:	
Email:		Email:	
Phone:		Phone:	
Agent Legal Name :		Agent Legal Name :	
Social Security Number (Only complete for GA)		Social Security Number (Only complete for GA)	
License State:		License State:	
License Number:		License Number:	
Email:		Email:	
Phone:		Phone:	

AGENT(S) TO BE APPOINTED

Agent Legal Name :		Agent Legal Name :	
Social Security Number (Only complete for GA)		Social Security Number (Only complete for GA)	
License State:		License State:	
License Number:		License Number:	
Email:		Email:	
Phone:		Phone:	
Agent Legal Name :		Agent Legal Name :	
Social Security Number (Only complete for GA)		Social Security Number (Only complete for GA)	
License State:		License State:	
License Number:		License Number:	
Email:		Email:	
Phone:		Phone:	

ACCOUNT MANAGER(S) TO BE APPOINTED

Account Manager Legal Name :		Account Manager Legal Name :	
Social Security Number (Only complete for GA)		Social Security Number (Only complete for GA)	
License State:		License State:	
License Number:		License Number:	
Email:		Email:	
Phone:		Phone:	
Account Manager Legal Name :		Account Manager Legal Name :	
Social Security Number (Only complete for GA)		Social Security Number (Only complete for GA)	
License State:		License State:	
License Number:		License Number:	
Email:		Email:	
Phone:		Phone:	
Account Manager Legal Name :		Account Manager Legal Name :	
Social Security Number (Only complete for GA)		Social Security Number (Only complete for GA)	
License State:		License State:	
License Number:		License Number:	
Email:		Email:	
Phone:		Phone:	

AGENCY PRODUCTION INFORMATION

What is the agency's total written Workers' Compensation premium?

Top three Workers' Compensation carriers in the agency.

- 1.
 - 2.
 - 3.
-

What are the five most common industries written by the agency for Workers' Compensation?

- 1.
- 2.
- 3.
- 4.
- 5.

ACKNOWLEDGMENT

By my signature below, I acknowledge that:

- The information provided herein is complete and accurate. If an appointment is offered to my agency, and me I understand that a background check may be completed on me as well as licensed staff working for the agency.
- The agency is responsible for maintaining administrative and user information on the web portal.
- The agency will provide ACH information following appointment for commission.

I additionally confirm, that I am _____ the authorized contract signatory for the agency.

Signature: _____

Name: _____

Title: _____

Have Questions?

Email: uwsubmissions@iqueinsurance.com

Phone: 1-800-633-4783

Our team members are standing by to assist, Mon – Fri; 8 a.m. – 4 p.m. EST.