AEROSPACE
INSURANCE MANAGERS

Agency Profile

Agency Information:

Agency Name: _____

Agency Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Agency Mailing Address: _____ ☐ Same as Physical Address

City: _____ State: _____ Zip Code: _____ County: _____

Agency Website: _____ Agency Phone: _____ Tax ID#: _____

Year Agency Established: _____ Total Agency Premium Volume: $ _____ Total Commercial Premium: $ _____

Business Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Other

Accounting Address (if different from above)_____

Key Agency Personnel Information:

Name: _____ Ownership %: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____ Date of Birth: _____ SS#: _____ ☐ Attached P&C licenses

Name: _____ Ownership %: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____ Date of Birth: _____ SS#: _____ ☐ Attached P&C licenses

Additional Key Agency Personnel Information:

Agency Manager: _____ Email: _____

Agency Growth History (Past Three Years)

Year: 20____ Total Aviation Premium Volume: _____ Year: 20____ Total Aviation Premium Volume: _____

Year: 20____ Total Aviation Premium Volume: _____

Percentage of Aviation Volume

Pleasure & Business: _____ % Excess Aviation Liability: _____ % Airport General Liability: _____ %

Flight Schools: _____ % Industrial Aid: _____ % UAV: _____ %

Aerospace (AIM) Production Commitment:

1st Year: $ _____ 2nd Year: $ _____

Top Three Carriers Information:

Carrier 1: _____ Total Written Premium: $ _____ Loss Ratio: _____ Years w/ Carrier: _____

Special Programs: _____

Carrier 2: _____ Total Written Premium: $ _____ Loss Ratio: _____ Years w/ Carrier: _____

Special Programs: _____

Carrier 3: _____ Total Written Premium: $ _____ Loss Ratio: _____ Years w/ Carrier: _____

Special Programs: _____

Agency Intel:

Why are you requesting an agency appointment?: _____

Underwriting Authority with Carriers: ☐ Yes Carriers: _____ ☐ No

Has your agency filed any claim against your Errors & Omissions carrier in the past 5 years: ☐ Yes Explain: _____ ☐ No

Errors & Omissions Carrier: _____ Policy Limits: _____ Policy #: _____ ☐ Attached E&O Dec

Agency Management System: _____ Utilize Service Centers? ☐ Yes ☐ No

Explain the Agency's Marketing Plan: _____

How many aviation producers does your agency have?: _____ Do you have a Perpetuation Plan? ☐ Yes ☐ No

Does your agency accept brokered business? ☐ Yes Explain: _____ ☐ No

Any potential book consolidations? _____ Any aviation programs? _____

Signatures:

This is an application for appointment, not a contract. You may not bind coverage on any risk until an agency contract is executed. Execution of a contract is contingent upon approval of this application. Appointment consideration will include the request and review of a Credit Bureau Report / Background Check. I hereby authorize permission for Aerospace Insurance Managers, LLC to order such reports.

I attest the information provided on this application is correct.

Agency Principal: _____ Title: _____ Date: _____

NOTE: When completing this form online, be sure to save the finished form to your computer's hard drive.