

# AGENCY QUESTIONNAIRE



Send Stmt To:

Omni Code #

Omni IZZY Code #

**New Producer**

**Update/Changes**

Name		Telephone #	Fax #	
Street Address		City	State	Zip
Mailing Address		City	State	Zip
Tax-ID	Web Address		E-Mail Address	
Current E&O Provider			Expiration Date	
Agency Management System	Interfaced With:	What Automated Rating System is Used?		

## PRINCIPAL INFORMATION

Agency Principal	Title/Years Experience	P/L Contact

## PERSONAL LINES COMPANIES REPRESENTED (TOP 3)

#1 Company	Prior Yr End WP Volume	Prior Yr End Loss Ratio
#2		
#3		
Current YR Total P&C Volume	Total PL WP Volume	Apps per Month

In conjunction with my request to be appointed as an agent, I authorize the Company to obtain a credit report. I understand this is for a legitimate business need and does not guarantee my appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sales Representative

**LICENSING DATA FORM AND COPIES OF LICENSES ARE  
REQUIRED**

Return to: Omni Insurance Group  
Fax: 770-956-9441  
2018 Powers Ferry Rd  
Atlanta, GA 30339