

PO Box 451119, Sunrise, FL 33345 + Telephone: (954) 587-2299 + Facsimile: (954) 584-3666 + Email: marketing@pearlholding.com

AGENCY APPOINTMENT PRE-QUALIFICATION

GENERAL INFORMATION											
OHC Use Only Application Da			Date	Name a	nd Title of	Person Submitting Application			Number of Locations		
App #											
Type of Organization Date Agency Establish											
Sole Proprietorship Partnership Corporation LLC FEIN:											
Legal Name /	Corpor	ate Name	; ;		D/B	/A (If Applica	ıble)				
Street Address							Name of the Agency Owner/Principal				
							Discus Neuclean East Neuclean				
City		State	ZIP	Co	County		ne Number		Fax Number		
Agency Email Address							Agency Website URL				
Which comparative rater does the agency use?											
QQ Solutions AccuAuto TruePremium EZ Links None Other:											
AGENCY PRODUCTION											
Production Distribution By Coverage Type % Production Does the agency engage in any business other than insurance?											
Personal Auto -	5			%							
Personal Auto -		sical Da	mage	%							
Personal Auto – BI/PIP/PD Only						% What percent of your business comes from dealerships?					
Personal Auto -	/PD With P	hysical	Damage	% dealerships?							
CURRENT AGENCY APPOINTMENTS											
Show the	e estin	nated pe	rcenta			ss th	at is written	with each	insurance of	company.	
	Company Name % Bu					9	% Business	Company Name		% Business	
AGIC			Kingsway MAPFRE				Titan/Victor				
Assurance America EGI			MapfRE					United Auto Unitrin			
Equity			Mercury					Viking/Dairyland			
Foremost		Occidental					Windhaven				
GAINSCO	Personable/Peachtr				ee		Windhaven				
GMAC		Progressive									
Imperial		Respons			sive						
Infinity				Star Cas	sualty						
Briefly explain why you are seeking the appointment with Ocean Harbor Casualty. How did you hear about us?											
OHC USI											
AP01 AP		P05 AP00		0			Remarks				