



# American Sentinel Insurance Company

P.O. Box 61140, Harrisburg, PA 17106-1140  
Phone: 1-800-692-7338 Fax: 717-657-9499

## AGENCY/AGENT APPLICATION FORM (To be completed for each agency/agent appointment)

### SECTION I – GENERAL INFORMATION

NAME OF AGENCY		TELEPHONE NUMBER	FAX NUMBER	
ADDRESS			E-MAIL:	
CITY	STATE		ZIP CODE	
MAILING ADDRESS (IF DIFFERENT)			YEAR AGENCY WAS ESTABLISHED	
AGENCY IS	INDIVIDUAL	PARTNERSHIP	CORPORATION	
	(CHECK ONE)			
Parent Company (if any):			Number of Branch Offices	
Are insurance premiums kept separate from other monies and restricted from other use:			Yes	No
Accounting Contact:			Marketing Contact:	

### SECTION II – ACCIDENT & HEALTH LICENSES

➡ (Return Copies of State Agency License and Personal License with this form.)

NAME(S)	DATE OF BIRTH	LICENSE NUMBER	INDIVIDUAL SOCIAL SECURITY NO.	
ADDRESS		CITY	STATE	ZIP CODE

If approved you may be billed for the current state appointment fees.

#### Errors & Omissions Coverage

(Return Copy of your E&O Declarations Page with this form.)

Company your Coverage is with:

### SECTION III – COMPANIES REPRESENTED

QUESTIONS: (To be completed for each agent. If the answer is yes to any of the questions, provide an additional sheet for each agent.)

- Has the agent ever been refused a license, or had license suspended or revoked by any insurance department? Have you ever had a complaint issued against you by any insurance department?      YES      NO
- Is the agent indebted to any insurer under any agency agreement or otherwise? Is the indebtedness in dispute?      YES      NO  
If yes, explain on additional sheet.

**SECTION III cont/.,.**

3. Has the agent ever had any agency agreement cancelled or terminated? If yes, please explain on additional sheet.	YES	NO	If yes, when, by what insurer
4. Have you ever been charged with or convicted of a felony or a misdemeanor? If yes, please explain on additional sheet.	YES	NO	
5. Are there any outstanding judgments or liens (including state or federal tax liens) against you? Have you ever filed bankruptcy? If yes, please explain on additional sheet.	YES	NO	
6. Has the agent or any individual or entity associated with the agent ever been included on the list of "Specialty Designated Nationals and Blocked Persons" maintained by the Office of Foreign Assets Control or any other state or federally maintained list that might affect our ability to do business with the agent? If yes, please explain on additional sheet.	YES	NO	

**SECTION IV – DISCLOSURE AND SIGNATURE (AGENT)**

The agent is hereby advised that American Sentinel Insurance Company, its subsidiaries and its affiliates, have the right to conduct a background check prior to processing this appointment. We may choose, based on the results of the background check, not to appoint the agent/agency.

\_\_\_\_\_  
(Signature of Agent)

\_\_\_\_\_  
(Date)