

PROSPECTIVE AGENCY DATA

Name of Agency _____ Telephone _____

Physical Address _____ Fax _____

City _____ E-mail _____

State, Zip _____ Website _____

Mailing Address
 (If different from above) _____

City _____

State, Zip _____

Additional
 Locations _____

Date Agency
 Established _____

Agency Principal(s) _____ Title/Position _____

**Builder Association
 Membership**

**Sales/ Marketing
 Contact(s)**

Title/Position

**Other Key
 Personnel***

Title/Position

* (please list accounting, builders risk and surety contacts, if applicable)

Is your Agency's Marketing Department centralized? YES NO

**Total Commercial
 Premium Information**
 (Last Three Years)

Year	Volume \$

**Total Commercial
 Premium Information**
 (Last Three Years)

Year	Volume \$

Primary Construction Markets
 (Most Recent Year)

Company	Volume \$	Types of Construction

Does the company have a dedicated Construction Team? YES NO

(If yes, please explain)

Are there dedicated Construction Producers? (If so, please list)

Please outline primary construction focus

Does the agency have Bond capability? (If yes, please describe)

Does the agency pursue Residential Builders Risk opportunities? YES NO

Volume

Key Markets

How many Residential Builders clients do you have who generate more than 25 starts annually?

Please explain why you are seeking an appointment with FHB Insurance:

Website Access

Please list the names and email addresses of agents, producers and CSR's who will need access into the Agent Login portion of our website:

NAME/TITLE	EMAIL ADDRESS

Electronic Policy Distribution Information

1	Agency Name: Agency Address:	AGT_____ (to be completed by FHB Insurance)
2	Agency Contact Person for Policy Distribution:	Telephone Number:
3	Dedicated email address to send policy & invoice: Dedicated email address to send monthly statements:	
4	Will agency accept a signed Insured's copy by email if one could be provided?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there anything that we can do to help your agency make this transition? 		

Upon clicking "Submit", you will be prompted to email your application form to FHB Insurance at vheckler@fhbinsurance.com.