



**Wayne Cooperative**  
Insurance Company

If you are interested in an appointment with Wayne Cooperative, please fill out the form below and return via email to Laura Harris at [Laura.Harris@wcicny.com](mailto:Laura.Harris@wcicny.com) or fax to (315) 923-9135. Thank you for your interest.

**Basic Agency Information**

<b>Agency Name</b>		<b>Telephone</b>	
<b>Address 1</b>		<b>Fax</b>	
<b>Address 2</b>		<b>Website</b>	
<b>City, ST ZIP</b>		<b>Date Established</b>	
		<b>NYS PC License #</b>	

**Main Contact Information**

<b>Name</b>	
<b>Telephone</b>	
<b>Email Address</b>	

**Business Structure**

<b>Individual</b>	
<b>Corporation</b>	
<b>Partnership</b>	
<b>DBA</b>	
<b>LLC</b>	
<b>Other</b>	

**Additional Locations Information**

<b>Location #</b>	<b>Address 1</b>	<b>Address 2</b>	<b>City, ST ZIP</b>	<b>Branch Contact</b>	<b>Telephone</b>	<b>Fax</b>



**Represented Insurance Carrier Section (Provide Year End #'s for Most Recent 4 Years)**

	Insurance Company	Original Date Appointed	Year	Premium Volume	Percentage Premium Allocation				Overall Loss Ratio
					Auto	Property	Personal	Commercial	
Co. 1									
Co. 2									
Co. 3									
Co. 4									
Co. 5									
<b>Total All Companies Section</b>									



### General Information Questions

**Yes**

**No**

1. Do you have E&O Coverage with at least \$1,000,000 limits?
2. Have you had any E&O claims in the last three (3) years?  
*(If "Yes", please describe below)*
3. Are you a member of any "Cluster Group" arrangements?  
*(If "Yes", please list the Group name below)*
4. If "Yes" to Question 3, are they currently appointed with Wayne Cooperative Insurance Company?
5. Do you currently have a perpetuation plan in place?
6. Have you been terminated with any carriers in the last three (3) years?  
*(If "Yes", please provide reason for termination below)*

Other Comments: