



Agency Appointment Application

Thank you for your interest in being appointed with New Mexico Mutual.

We expect the applicant agency to sustain quote activity and premium growth to continue their contract. Agency contracts are reviewed annually to determine whether continued appointment is appropriate.

Agency appointment applications are processed within 5-10 business days. Please complete all fields and email this form to agents@newmexicomutual.com.

Agency Information				
Agency Name				
Physical Address		Suite		
City		State	Zip	
Business Phone		Email		
Agency Principal Information				
Principal Full Name			Title	
Direct Phone or Cell Phone		Email Address		
Years of Experience in the insurance industry.				

Producer Information			
Same as Agency Principal? Yes <input type="checkbox"/>			
Producer Full Name		Title	
Direct Phone or Cell Phone		Email Address	
Years of Experience in the insurance industry.			



Agency Contacts					
Primary Contact Name					
Primary Contact Phone		Primary Contact Email			
# of Support Staff					
Support Staff Contact Information					
Name		Email Address		Phone	
Name		Email Address		Phone	
How do you market to your clients?					

Producer Qualifications							
Please provide a percentage breakdown of your Workers' Comp volume using the categories below:				Please list and specify any other industries not listed with percentage.			
Transportation		%		Please list any other states besides your state of domicile where you will solicit and/or are licensed.			
Agribusiness		%					
Construction		%					
Oil & Gas		%					
Manufacturing		%					
Estimated 1 st Year Production				Estimated Ongoing Production			
Est. Monthly Quote Activity		Average Annual Volume WC %		Average Annual Volume C/L %		Average Annual Volume WC %	

General Information			
Commercial Lines Companies Represented (Top 3)	# of Years Represented	Loss Ratio 1 Yr.	Loss Ratio 3 Yr.



Has your contract with a carrier ever been cancelled or terminated? If yes, please explain.			
Has a carrier placed any restrictions on your agency? If yes, please explain.			
Additional Information			
Please explain why you are seeking an appointment with New Mexico Mutual:			
Documents Required For Submission With This Application			
<input type="checkbox"/> Errors & Omissions <input type="checkbox"/> Producer License <input type="checkbox"/> Agency License (If applicable)			
Applications submitted without the requested documents will require additional time for processing.			
If you have an account to quote, please attach an ACORD 130 application form as well			
THIS IS NOT A CONTRACT Completion and submission of an application does not guarantee that a contract will be extended to your agency.			
SIGNATURE (Agency Principal)		DATE	
PRINT NAME		TITLE	
NEW MEXICO MUTUAL USE ONLY			
Received Date		Process Date	
Additional Information			