



Begin the process to partner with RoamNet Programs by completing and faxing this form to (909) 987-2245. Once your appointment has been processed, we will forward your producer number and you will be given access to our quality markets for Workers' Compensation and Property & Casualty products. Thank you for your interest in partnering with RoamNet.

Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address (URL) \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

What is your agency's total written premium? \_\_\_\_\_

What is the percentage of written premium for personal lines and commercial lines within your agency?

Personal Lines % \_\_\_\_\_

Commercial Lines % \_\_\_\_\_

Which carriers do you currently represent within your agency?

- |  |  |
|--|--|
| <input type="checkbox"/> Allied          | <input type="checkbox"/> One Beacon          |
| <input type="checkbox"/> Clarendon       | <input type="checkbox"/> Preferred/Employers |
| <input type="checkbox"/> Employer's Comp | <input type="checkbox"/> The Republic Group  |
| <input type="checkbox"/> Fireman's Fund  | <input type="checkbox"/> Safeco              |
| <input type="checkbox"/> Golden Eagle    | <input type="checkbox"/> Travelers           |
| <input type="checkbox"/> Hartford        | <input type="checkbox"/> Zenith              |

**Please print and fax back to us at (909) 987-2245**

[Broker of Record Procedures](#)