



Harleysville Flood Insurance Licensing and Appointment Team
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"Write Your Own" Flood Insurance Program Agency Enrollment Form

The information requested below is required in order for you to sell flood insurance on behalf of Harleysville Insurance. Please complete and return this form along with the W-9 Tax ID Form to the address listed above. Along with this form, you will receive all the supplies and information necessary for you to write flood insurance on behalf of Harleysville Insurance Companies. Please keep a copy of this document for your files.

Agency Name _____

Agents P & C Code _____

Business Address _____

Email Address _____

Business Phone # _____

Agency Contact Person _____

SSN _____

Commission checks payable to _____

Do you currently write flood Insurance?

Number of policies _____

Premium volume _____

Are you interested in transferring that business to Harleysville Insurance Companies?

Are you interested in flood training?

Agent Principal Signature _____

Typed or Printed Name _____

Date _____

**"Write Your Own" Flood Insurance Program
Agency Enrollment Form -- Page 2**

Agency Name _____

Please list the names of all licensed customer service representatives and producers:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Attach additional sheets if necessary.

Office Use Only

Commission

Marketing Rep _____