

APPLICATION FOR PRODUCER / AGENCY CONTRACT

General Information

Name of Agency as Licensed: _____ Phone #: _____

Email Address: _____ FAX #: _____

Website: _____

Street Address: _____ City: _____ State: _____ ZIP: _____ County: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____ County: _____

Proprietorship: Social Security #: _____

Partnership: Name(s) of Owner(s): _____

Corporation: Names of Stockholders: _____ Federal Tax I.D. #: _____

Attached is a copy of Error & Omissions Declaration Page.

Agency Manager/Contact: _____ Principals Cell Phone #: _____

of Offices: _____ # of Employees: _____ Office Hours: _____ Years in Business: _____

Comparative Rating Company: _____ Agency Management System: _____ Download? Yes No

Are you registered with Lexis Nexis? Yes No If yes, Node ID: _____

Licensed Agency Personnel

First Name	M.I.	Last Name	Main Function	Email Address (If you wish them to get company updates)	License	# of Years in Agency
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Legal/Quality of Agency Information

1. Have you ever had your insurance license suspended, revoked or terminated? Yes No
2. Have you ever had a suit or judgment filed against you or the agency? Yes No
3. Have you or any employee(s) ever been convicted of a felony? Yes No
4. Has your agency at any time operated under a different trade name(s)? Yes No
 Name?: _____
5. If you have answered "yes" to any of the above questions, please explain further.

Production Information

PERSONAL Lines Carriers	Annual Auto Volume	Loss Ratio	Commission	Marketing Representative	Year of Appt.
1. <input type="checkbox"/> Std. Auto <input type="checkbox"/> Nonstd. Auto					
2. <input type="checkbox"/> Std. Auto <input type="checkbox"/> Nonstd. Auto					
3. <input type="checkbox"/> Std. Auto <input type="checkbox"/> Nonstd. Auto					
Total					

COMMERCIAL Lines Carriers	Annual Auto Volume	Loss Ratio	Commission	Marketing Representative	Year of Appt.
1.					
2.					
3.					
Total					

Declaration and Authorization

As a part of our normal procedure, a routine investigation may be made concerning the information provided in this application, which includes but is not limited to, general reputation criminal history, personal characteristics, mode of living and financial standing. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

I hereby authorize First Chicago to conduct an investigation deemed necessary to substantiate my application for producer / agency contract. I understand that falsification of any answer to a question on this application is grounds for cancellation of said contract. If my application is accepted, I agree to comply with all rules and regulations of the company.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

Signature of Owner(s)/Principal(s): _____

Title: _____ Date: _____

Signature of Owner(s)/Principal(s): _____

Title: _____ Date: _____

Attachments

Please include the following items with your application:

- Company generated production and experience reports of the last two years - top three (3), Personal and Commercial
- All Agency Licenses
- Errors & Omissions Declaration Page
- Copy of W-9 Form
- Voided check(s) or deposit slip(s) for confirmation for Direct Deposit and Agency Sweep.

Financial Information / Producer - Agency Commitment

METHOD OF PAYMENT: EARNED PREMIUM (Earned premium avoids untimely chargebacks)

PLEASE INCLUDE BANKING INFORMATION BELOW FOR AGENCY SWEEP

Please check one: Checking Savings

Direct Deposit Authorization: I authorize First Chicago to deposit funds due, based on my monthly commission statement, directly to the bank account listed below. Please attach a copy of a **voided** check or a deposit slip for confirmation.

Bank for Operational Account for Commissions: _____

Bank Address: _____

Bank Account #: _____ ABA Routing Number: _____

Premium Trust Authorization: I authorize First Chicago to withdraw premium payments from the premium trust account listed below. Please attach a copy of a **voided** check or a deposit slip for confirmation.

Bank for Premium Trust: _____

Account Number (agency sweep): _____ Routing Number (agency sweep): _____

Signature needed for authorization of the above information

Agency Name: _____

Name to Authorize Direct Deposit / Payment/Sweep: _____

Signature to Authorize Direct Deposit / Payment/Sweep: _____ Date: _____

Jane Doe 1234
123 Any Street
Anytown, US 12345

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

ANYTOWN BANK

MEMO _____

123456789 0987654321 1234

Routing Number
9 digits

Account Number