



(FCIC)

Application for Producer Contract

Date of Application: _____

Agency name: _____ Tax ID: _____

Street Address: _____ SSN: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Type of Business:

___ Corporation ___ Individual ___ Partnership ___ LLC ___ Other: _____

Names of Agency Owners/Officers

Name:	Title:	Years of experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How long has your company been in operation? _____

How many locations do you have? _____ (Please include address and phone #'s for all locations).

Number of licensed producers in your agency: _____ (Attach copies of all Licenses)

Number of additional support staff: _____

Agency Office Hours: _____

What are your top three lines of business? (Non standard auto, Preferred Auto, Home, Life, Health, Commercial Auto, etc.)

1. _____ 2. _____ 3. _____

Producer commitment:

How many Preferred policies does your agency write per month? _____

How many Non standard new policies does your agency write per month? _____

How many new policies will you target First Chicago per month? _____

Projected first year premium volume with First Chicago? \$ _____

How did you hear about First Chicago? _____

REMARKS:

Producer 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 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)/Principle(s): _____ Title: _____ Date: _____

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