

## 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 \_\_\_\_\_ Social Security # \_\_\_\_\_ Email Address (If you wish them to get company updates) \_\_\_\_\_

Main Function \_\_\_\_\_ Date of Birth \_\_\_\_\_ # of Years at Agency \_\_\_\_\_ License  Yes  No

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Email Address (If you wish them to get company updates) \_\_\_\_\_

Main Function \_\_\_\_\_ Date of Birth \_\_\_\_\_ # of Years at Agency \_\_\_\_\_ License  Yes  No

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Email Address (If you wish them to get company updates) \_\_\_\_\_

Main Function \_\_\_\_\_ Date of Birth \_\_\_\_\_ # of Years at Agency \_\_\_\_\_ License  Yes  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	\$ <input type="text"/>
ANYTOWN BANK	DOLLARS
MEMO	
123456789	0987654321
1234	

Routing Number  
9 digits

Account Number