

Producer Application for Appointment

DBA Name:			
Mailing Address:			
Location Address:			
Phone Number:		Date Established:	
Fax Number:		FEIN:	
Web Site:			

Applicant is:	<u>Individual</u> <u>Partnership</u> <u>Corporation</u> <u>LLC</u>
Contact Person:	
E-mail Address:	
States Applicant Licensed In:	

*Please attach copy of driver's license

List of Producing Agents & Agency Staff	Title	DOI Lic #	E-mail address
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			
Name:			

Please attach copies of all licensed producers, attach 2nd page if needed.

Producer Application for Appointment (Continued)

List Carriers You Place Business With:

List Wholesalers You Place Business With:

Have you or anyone in your agency been sued concerning insurance activities? Yes or No
(Explain) _____

Have you filed for business or individual bankruptcy in the past seven years? Yes or No
(Explain) _____

In addition to this form we also require the following:

- Signed and dated Producer Agreement (signed by officer/owner).
- Copy of Declaration page for E & O.
- Individual Brokers/Agents and Agency License(s).
- Completed and Signed W-9.
- Copy of Broker/Agent Bond (\$10,000) ***If applicable in your state***
- Copy of VOID check from your Trust Account

Signature of Principal _____ Date _____

Print Name _____ Title: _____