

Application for Producer Contract



AFFIRMATIVE

APPLICATION FOR PRODUCER CONTRACT

Date of Application _____

Agency Name _____ Tax ID # _____

Street Address _____

City _____ State _____ Zip _____ County _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone # _____ Fax # _____

E-mail Address _____ Social Security # _____

1) Incorporated? Yes No

Name of Agency Personnel & Titles

_____	_____
_____	_____
_____	_____
_____	_____

2) How long has Principal/Owner been licensed? _____

3) How long has Agency been in operation? _____

4) Do you currently broker any business? Yes No

If so, with whom and for how long? _____

5) Please complete the following for your top four non-standard companies:

Company	YTD Premium	Last Year's Premium	Prior Year's Premium	YTD Loss Ratio	Last Year's Loss Ratio	Prior Year's Loss Ratio

6) Please list the companies you do preferred business with: _____

- 7) What are your top three lines of business? (nonstandard auto, preferred auto, motorcycle, commercial, life, health, etc.)
 1) _____ 2) _____ 3) _____
- 8) Location of your Agency _____ In your own building. _____ In a shopping center.
 _____ An office at your residence. _____ In an office complex.
 _____ Other. _____ On the ground floor of office complex.
- 9) Office hours _____
- 10) Number of licensed P&C Producers in Agency _____ (please attach copies of all licenses)
 Number of additional support staff in Agency _____
- 11) Production Commitment
- Total number of new policies your agency writes per month _____
 - Total number of new non-standard auto policies your agency writes per month _____
 - Total number of new policies targeted for Affirmative each month _____
- 12) Errors and omission carrier and policy number (please attach a copy of your E & O Dec. page)

- 13) Please complete the following questions.
 (If you answer "Yes" to any of them, please write details on a separate sheet and attach to this application.)
- a. Have you ever had your license suspended? Yes No
- b. Have you ever had a complaint filed against you with an Insurance department? Yes No
- c. Are you in arrears to any insurance company for your account current statement? Yes No
- d. Have you ever been refused bond by a Surety company,
 or has any Surety company paid out funds on your coverage? Yes No
- 14) How did you hear about Affirmative Insurance Services? _____
- 15) What are the top three variables you consider when submitting applications to a particular company?
 1) _____ 2) _____ 3) _____
- 16) What type of agency management system do you use? _____
- 17) What type of comparative rating system do you use? _____
- 18) Do you believe an agent has any control over the agency's loss ratio? Yes No
- 19) What percentage of your applications are uploaded to the companies you represent? _____ %
- 20) Do you currently have a website for customers? Yes No Website _____
- 21) What type of contract are you applying for? Direct Bill Agency Bill

PRODUCER'S DECLARATION AND AUTHORIZATION

As part of our normal procedure, a routine investigation may be made concerning information on your character, general reputation, criminal history, personal characteristics, mode of living and financial standings. Further information on the nature and scope of any such inquiry, if one is made, is available to you upon written request.

I hereby authorize the Company to conduct any 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 my license and contract. If my application is accepted, I agree to comply with all the rules and regulations of the company.

Please include the following items with your application:

- Copies of all Agency licenses.
- Copy of your errors and omission declaration page.
- Photo of your Agency's exterior.
- Brief business plan on how Affirmative Insurance Services will fit into your Agency, including the number of new business applications you will target for Affirmative each month.
- Experience/loss ratio reports from your lead non-standard companies.
- Copy of W-9 Form.
- Sweep Authorization Form.
- Account Deposit Authorization Form

PRODUCER SIGNATURES

Print Name: _____ DOB: _____ Print Name: _____ DOB: _____

Signature: _____ Signature: _____

Print Name: _____ DOB: _____ Print Name: _____ DOB: _____

Signature: _____ Signature: _____

Print Name: _____ DOB: _____ Print Name: _____ DOB: _____

Signature: _____ Signature: _____

For office use only:

Notes: _____

Commissions:

Programs: _____

