

PRODUCER APPLICATION

(Application must be completed in full.)

1. Name of producer: _____
(Name should be exactly as shown on license.)
2. Insurance license number: _____
3. Do you maintain a premium trust account: Yes No
4. Do you maintain E & O insurance: Yes No
5. On a separate sheet, detail and explain all departmental sanctions against your license.
 If none, so state: _____
6. Type of business entity: Individual Partnership Corporation Limited Liability Company
 Year established: _____
7. Tax ID or social security number: _____
8. Address: _____

Street
City
State
ZIP Code
 Address is: Home Office
9. Mailing address (if different): _____

Street
City
State
ZIP Code
10. Telephone: _____ Fax: _____
11. Email address: _____ Business website: _____
12. List ALL principals including yourself (use separate sheet if necessary):

Name	Years in Agency	Years in Insurance	Position in Agency	Social Security Number	Insurance License Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
13. Number of commercial producers: _____ Number of CSRs: _____
14. Premium volume information:
 Last year's total premium: _____
 Type of business written (must add up to 100%):
 Commercial (P & C): _____% Personal: _____% Excess & Surplus: _____%
 Workers Comp: _____% Accident & Health: _____%

15. Types of commercial business currently written and solicited (check all that apply):

- | | | |
|-------------|------------|---------------------------|
| Apartments | LRO | Bars & Taverns |
| Restaurants | Auto Shops | Gas Stations |
| Trucking | Tow | Convenience/Liquor Stores |
| Contractors | Offices | BOP |

Other (describe): _____

16. List the top three insurance carriers with whom you currently do business:

	Annual Premium Volume	Loss Ratio
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

17. Do you operate as an MGA, a wholesaler, or a surplus lines broker? Yes No

18. Within the last five years, have any of the following occurred (check all that apply):

- Change in name
- Change in ownership
- Merger/purchase of another entity
- Cluster agreement

19. Please attach the following:

- Current copy of property/casualty license
- Current copy of E & O policy declarations
- Current copy of your surety broker bond that is on file with the Department of Insurance (if any)

As part of this contracting process, we may obtain a credit report on the producer and its principals. Your signature on this application gives Unifax authorization to obtain these records.

Signature of Principal _____ **Date** _____

Printed name _____