



**APPLICATION FOR AGENCY OR BROKERAGE APPOINTMENT**

**NAME OF AGENCY**

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**FOR COMPANY USE ONLY**

**AGENCY CODE NO.** \_\_\_\_\_

**MARKETING REPRESENTATIVE**\_\_\_\_\_

Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

When was agency established \_\_\_\_\_ FEI # \_\_\_\_\_

Type  Corporation  Franchise  Independent  Partnership

Number of locations \_\_\_\_ Submit questionnaire for each location.

**AGENCY OWNER INFORMATION**

Name of Owner \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cellular Number \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**LIST OF AGENTS AND EMPLOYEES**

NAME & ADDRESS	POSITION	AGENT LICENSE #	DRIVERS LICENSE #	DOB
	<input type="radio"/> Resident Agent <input type="radio"/> Additional Agent <input type="radio"/> CSR <input type="radio"/> Employee			
	<input type="radio"/> Resident Agent <input type="radio"/> Additional Agent <input type="radio"/> CSR <input type="radio"/> Employee			
	<input type="radio"/> Resident Agent <input type="radio"/> Additional Agent <input type="radio"/> CSR <input type="radio"/> Employee			
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	<input type="radio"/> Resident Agent <input type="radio"/> Additional Agent <input type="radio"/> CSR <input type="radio"/> Employee			

**AGENCY PRODUCTION**

MGA & Company Name	Appointment Date	Annual Premium	Commission Percentage	Loss Ratio for the Past 24 Months

Please provide us with production and loss ratio reports from the above companies.

**BUSINESS REFERENCES**

NAME	NAME OF BUSINESS AND POSITION	PHONE #

**BACKGROUND INFORMATION**

Has the applicant or any of the principal(s) or agent(s):	Yes	No
• Ever declared bankruptcy?	( )	( )
• Ever been refused a Surety Bond?	( )	( )
• Ever been convicted of a misdemeanor or a felony?	( )	( )
• Ever had an insurance license refused, suspended or revoked in any state?	( )	( )
• Have a delinquent debt with any insurance carrier or finance company?	( )	( )
• Currently under investigation or has been subject to administrative review?	( )	( )
• Have any carriers terminated the agency's appointment to produce business within the past three years?	( )	( )

(If the answer to any of the above question is "yes" attach a written explanation)

Name your E & O Company below – (Please attach a copy of Declaration Page)

1. Insurance Carrier \_\_\_\_\_
2. Policy No. \_\_\_\_\_ Policy Period \_\_\_\_\_
3. Limits \_\_\_\_\_ Deductible \_\_\_\_\_

*The undersigned by signature hereto, represents the statements and answers made herein to be true, complete and correct, and agrees that any contract may be issued in reliance upon the truth, completeness and correctness of such statements and answers, and understands that falsity, incompleteness, or incorrectness may jeopardize the coverage under such contractual agreement with United Automobile Insurance Company and United Group Underwriters.*

\_\_\_\_\_  
PRINT NAME OF AGENCY OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AGENCY OWNER