



## **United Automobile Insurance Company**

### **APPLICATION FOR AGENCY OR BROKERAGE APPOINTMENT**

**NAME OF AGENCY**

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**FOR COMPANY USE ONLY**

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

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

**3753 Howard Hughes Parkway Suite 131**

**Las Vegas, NV 89169**

**P: 702-369-0312**

**F: 702-369-0386**

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

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

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

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

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

When was agency established? \_\_\_\_\_

Any other branches? Yes \_\_\_ No \_\_\_ (\*Attach additional locations on separate sheet)

ADDRESS	Name of Manager
_____	_____
_____	_____

List Partners or Officers \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corp \_\_\_ FEI# \_\_\_\_\_

Name	Residence Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference:

Name: \_\_\_\_\_ Acct# \_\_\_\_\_

Address: \_\_\_\_\_

Companies Now Representing:	Rating	Commission	Marketing Representative	Licensed? Yes or NO
_____	_____	_____	_____	( ) ( )
_____	_____	_____	_____	( ) ( )
_____	_____	_____	_____	( ) ( )
_____	_____	_____	_____	( ) ( )
_____	_____	_____	_____	( ) ( )

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

Provide name, address and telephone number of three business references in this city or state whom we may contact (No relatives please)

NAME	POSITION	ADDRESS	TEL. NO

Has the applicant or any of the principal(s) or agents(s):

- |   | Yes | No  |
|---|-----|-----|
| • Ever been bonded?   | ( ) | ( ) |
| • Ever been refused a Surety Bond?  | ( ) | ( ) |
| • Ever been arrested, indicted or convicted for any felony, misdemeanor except minor traffic offences?      | ( ) | ( ) |
| • Ever been known personally by another name or have conducted Business or bank accounts in any other name? | ( ) | ( ) |
| • Ever been refused an insurance license in any state?  | ( ) | ( ) |
| • Do you have debit balance with any insurance firm?  | ( ) | ( ) |

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

**LIST LICENSED AGENT(S): (\*Attach a separate sheet for additional agents)**

Agent Name \_\_\_\_\_ Lic# \_\_\_\_\_

Home Address \_\_\_\_\_ Tel# \_\_\_\_\_

SS# \_\_\_\_\_ Place of Birth \_\_\_\_\_ D.O.B. \_\_\_\_\_

Agent Name \_\_\_\_\_ Lic# \_\_\_\_\_

Home Address \_\_\_\_\_ Tel# \_\_\_\_\_

SS# \_\_\_\_\_ Place of Birth \_\_\_\_\_ D.O.B. \_\_\_\_\_

Agent Name \_\_\_\_\_ Lic# \_\_\_\_\_

Home Address \_\_\_\_\_ Tel# \_\_\_\_\_

SS# \_\_\_\_\_ Place of Birth \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please submit copy of License(s) with agency appointment form for each licensed agent.

What other business does agency engage-in? \_\_\_\_\_

Person to whom correspondence should be addressed:

- (a) ACCOUNTING: \_\_\_\_\_
- (b) UNDERWRITING: \_\_\_\_\_
- (c) CLAIMS: \_\_\_\_\_

Name your E & O Company below - (Please attach a copy of Declaration page)

- 1. Name of Company \_\_\_\_\_
- 2. Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_
- 3. Limits \_\_\_\_\_ Deductible \_\_\_\_\_

**ESTIMATED VOLUME**

	Last Year	To UA for next 12 months
• PRIVATE AUTO (LIABILITY)	_____	_____
• PRIVATE AUTO (PHYSICAL DAMAGE)	_____	_____
• COMMERCIAL AUTO	_____	_____
• HOMEOWNERS	_____	_____
TOTAL VOLUME	_____	_____

**SPECIAL NOTICE**

*In making this application, it is understood that an investigative consumer report may be prepared. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.*

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
APPLICANTS SIGNATURE