



AGENCY APPOINTMENT APPLICATION

Name of Agency

For Company Use Only

Agency Code No. _____

Marketing Representative _____

**United Automobile Insurance Services
3101 E. President George Bush Turnpike, Suite 250, Richardson, TX 75082-3548
P.O. Box 940927, Plano, TX 75094-0927**

**Toll Free: 1-866-223-0668
Marketing Email: TXMarketing@uaig.net
Marketing Fax: 1-866-875-2858**



AGENCY APPOINTMENT APPLICATION

Thank you for your inquiry into securing an agency appointment with United Automobile Insurance Services. Please find attached the Agency Appointment Application.

Upon Completion of the Agency Appointment Application, please also provide the following:

- **A Digital Photo of the storefront of your agency showing all signage**
- **Production and Loss Ratio Reports for Two of the Auto Companies you represent**

Please scan and attach all of the above to TXMarketing@uaig.net

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AGENCY APPOINTMENT CHECK LIST

Please be sure the following information has been completed and enclosed:

_____ **Completed Application for Brokerage Appointment**

_____ **Digital Photo(s) of the Agencies Storefront**

_____ **Production and Loss Ratio Reports for the two top producing companies you represent**

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Name of Agency _____
 Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

When was the agency established? _____

Any other branches? Yes ___ No ___ (Attach additional locations on a separate sheet)

Address _____ Manager _____

Address _____ Manager _____

List Partners or Officers Individual ___ Partnership ___ Corp ___ FEI # _____

Name Residence Phone Address

Bank Reference:

Name _____ Account # _____

Address _____

Companies Now Representing	Rating	Comm. Marketing Representative	Licensed?	
			Yes	No
_____	_____	_____	()	()
_____	_____	_____	()	()
_____	_____	_____	()	()
_____	_____	_____	()	()
_____	_____	_____	()	()

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



Please provide names, addresses and telephone numbers of three business references in this city or state whom we may contact. (No relatives please)

Name Position Address Telephone Number

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

- | | Yes | No |
|---|-----|-----|
| • Ever been bonded? | () | () |
| • Ever been refuse a surety bond? | () | () |
| • Ever been arrested, indicted or convicted for any felony or misdemeanor, except for minor traffic offenses? | () | () |
| • 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 a debit balance with any firm? | () | () |

(If the answer to any of the above questions is “yes”, please attach a written explanation)

List licensed agent(s) (Attach a separate sheet for additional agent)

Agent Name _____ License# _____
 Home Address _____ Telephone# _____
 SS# _____ Place of Birth _____ D.O.B. _____

Agent Name _____ License# _____
 Home Address _____ Telephone# _____
 SS# _____ Place of Birth _____ D.O.B. _____

Agent Name _____ License# _____
 Home Address _____ Telephone# _____
 SS# _____ Place of Birth _____ D.O.B. _____

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



What other business does the agency engage in? _____

What other type of business is conducted on the premises or at the same address?

Person to whom correspondence should be addressed:

(A) Accounting _____

(B) Underwriting _____

(C) Claims _____

Name of your Errors and Omissions Company:

1. Name of Company _____

2. Policy number _____ Effective Date _____

3. Limits _____ Deductible _____

ESTIMATED PREMIUM VOLUME

Last Year UAIS next 12 months

• PRIVATE AUTO (LIABILITY) _____

• PRIVATE AUTO (PHYSICAL DAMAGE) _____

• COMMERCIAL AUTO _____ N/A

• HOMEOWNERS _____ N/A

TOTAL PREMIUM 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