



United Automobile Insurance Company

APPLICATION FOR AGENCY OR BROKERAGE APPOINTMENT

NAME OF AGENCY

FOR COMPANY USE ONLY

AGENCY CODE NO. _____

MARKETING REPRESENTATIVE _____

**7400 South Union Park Avenue, Suite 101
Midvale, UT 84047
P: 800 - 557 - 8244
F: 866-347-7254**

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 of receive additional, detailed information about the nature and scope of this investigation.

_____ Title _____ Date _____
PRINT NAME

APPLICANTS SIGNATURE



United Automobile Insurance Company

DEBIT AUTHORIZATION (NON CONSUMER) TRUST ACCOUNT

I (we) hereby authorize UAIC, herein called the **COMPANY**, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereafter called **DEPOSITORY**, to debit the same to such account.

This authorization is for the purpose of (Application) and I (we) understand that amounts may vary and authorize payments.

Company Name (Print)	Financial Institution ABA Number
	Account Number at Financial Institution
Financial Institution Name (Print)	
Financial Institution Address (Print)	

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name

Date

Signature

IMPORTANT: CHECK TYPE OF ACCOUNT: [] CHECKING, [] SAVINGS

TAPE YOUR VOIDED CHECK HERE



United Automobile Insurance Company

(COMMISSIONS AUTHORIZATION)

OPERATING ACCOUNT

I (we) hereby authorize United Automobile Ins. Co, herein called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereafter called DEPOSITORY, to credit the same to such account.

This authorization is for the purpose of Application/Motor Vehicle Record and I (we) understand that amounts may vary and authorize payments.

Company Name (Print)	Financial Institution ABA Number
	Account Number at Financial Institution
Financial Institution Name (Print)	
Financial Institution Address (Print)	

This authority is to remain in full force and effect until COMPANY, has received written notification from me (us) of its termination in such time and manner as to afford COMPANY, and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ Please pay my (our) commissions by check to the mailing address indicated on our application.

Print Name

Date

Signature

IMPORTANT: CHECK TYPE OF ACCOUNT: [] CHECKING [] SAVINGS

TAPE YOUR VOIDED CHECK HERE