



PRODUCER PROFILE

PLEASE PRINT OR TYPE

Legal Name of Agency: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Physical Location Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____ Fax Number: (____) _____

E-Mail Address: _____ Cell Phone Number: (____) _____

Would you like your commission statements emailed to you? Yes No

Web site address: _____

Number of office locations: _____

(Please attach a complete list of addresses, phone and fax numbers for each location)

Information on all persons with an ownership interest (please attach a separate sheet if necessary):

Owner / Principal: 1. _____ % of Ownership: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: _____

Owner / Principal: 2. _____ % of Ownership: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: _____

Entity is: Partnership LLC Sole Proprietor Corporation Other _____

Federal ID or Soc. Sec. No.: _____

Contact Person(s) 1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

Associations to which you belong: _____

Do you use a Comparative Rating System: Yes* No

*If Yes, please specify: _____

Do you use outside Premium Finance companies (IL only)? Yes* No

*If Yes, please specify _____

Number of employees: _____ How many are licensed? _____

Are any of your employees fluent in Spanish? Yes No

Name of Errors and Omissions (E & O) Insurance provider: _____

Policy Number: _____ Policy effective date(s): _____

Have you or anyone in your Agency been sued concerning any insurance related activities? Yes No

Has your Agency ever submitted an E & O Claim? Yes No

Had any disciplinary action from Regulatory Agency? Yes* No

*If Yes, please describe: _____

Agency's Annual Written Premium: \$ _____

Non-Standard Auto: \$ _____ Monthly App. Count _____

How long owned by current Principals? _____

Office Location Type: Urban Small town Suburban Industrial

Facility Type: Commercial Strip Mall/Strip Mall Office Building Industrial

Is the office located in a residence? Yes No

Is the office shared with another business? Yes* No

*If Yes, what type?: _____

What other States are you licensed to do business in?: _____

Business Hours: Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____
 Sunday _____ to _____

CARRIER INFORMATION

Non-Standard Auto Carriers (top five in order of volume):

1. Name _____ Ann. Prem. _____ Loss Ratio _____ Monthly App. Count _____
2. Name _____ Ann. Prem. _____ Loss Ratio _____ Monthly App. Count _____
3. Name _____ Ann. Prem. _____ Loss Ratio _____ Monthly App. Count _____
4. Name _____ Ann. Prem. _____ Loss Ratio _____ Monthly App. Count _____
5. Name _____ Ann. Prem. _____ Loss Ratio _____ Monthly App. Count _____

Names of additional companies acquired within the past 24 months: _____

What companies have you lost in the past 24 months?: _____

MARKETING INFORMATION

Do you advertise? Yes* No

*If Yes, how? Radio/TV Pennysaver Flyers Yellow Pages

Billboards Other _____

Describe the principal marketing territory and demographics: _____

Do you market to any specific groups or associations? Yes* No

*If Yes, who? _____

Do you write any dealership business? Yes* No

*If Yes, what percentage of your volume comes from dealerships? _____

First year anticipated volume to American Access Casualty Company \$ _____

Do you charge Policy fees? Yes* No

*If Yes, ask us how we may program this into our system for you.

Which language(s) would you prefer that your Trainer be able to speak? English Spanish

Which language(s) would you prefer that your Underwriter be able to speak? English Spanish

WARRANTY INFORMATION

I represent that the statements made in this application are true and accurate to the best of my knowledge.

PRINT NAME

SIGNATURE

DATE

Title: _____

Print Name of Agency: _____

DO NOT SUBMIT WITHOUT Items 1 – 7, these are required items.

Please attach a copy of the following to your application:

1. Current Producer License(s)
2. Current Agency License(s)
3. Current Errors and Omissions (E&O) Policy Declaration Page
4. Voided Check from the Premium Fund Trust Account
5. Voided Check from the account for Direct Deposit of Commissions
6. W-9
7. Current Loss Ratios

For Office Use Only

- Email a copy of Page 6 to Yaritza Rodriguez and Raquel Alfaro in the Accounting Department.
Include the Producer's name and number.

BANKING INFORMATION

Bank Name: _____

Bank Address: _____

Account # for Premium Fund Trust Account: _____

Routing # for Premium Fund Trust Account: _____

Sweep Authorized by: _____

Print Name

Signature

ATTACH A VOIDED CHECK OF THE PREMIUM FUND TRUST ACCOUNT HERE

Account # for Direct Deposit of Commission: _____

Routing # for Direct Deposit of Commission: _____

ATTACH A VOIDED CHECK OF THE ACCOUNT FOR DIRECT DEPOSIT OF COMMISSIONS HERE