



**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

Would you like to receive your producer documents electronically:  YES  NO

Would you like to receive your producer memos electronically:  YES  NO

Electronic Delivery email address (if different than original email address provided)

\_\_\_\_\_.

**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**

## Electronic Delivery Option Form

As the producer, you may choose to "OPT" out of electronic delivery and continue to receive your policy documents through the US postal service.

I elect to sign up for electronic delivery of both memos and documents.

I elect to sign up for electronic delivery of memos and want documents mailed via USPS.

I elect to sign up for electronic delivery of memos only and do not want documents mailed via USPS or electronically.

I elect to sign up for electronic delivery of documents and want memos mailed via USPS.

I am opting out of electronic delivery of both memos and documents. Your memos and documents will both be mailed via USPS.

Producer Name: \_\_\_\_\_

Producer Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If choosing electronic delivery, please provide an email address to be used for daily transmissions.

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