



# APPLICATION FOR PRODUCER CONTRACT

Date Of Application \_\_\_\_\_

Agency Name	_____				
Address	_____ _____				
County	_____	City	_____, IL	Zip	_____
Phone #	_____	Fax #	_____		
Email Address	_____				

How did you hear about United Equitable Insurance Company?	_____
	_____
	_____

Is The Agency Incorporated?	Yes _____	No _____	
Tax ID	_____	Social Security #	_____
E&O carrier and policy number	_____		
<u>Agency Personnel</u>		<u>Title</u>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
How long has Principal/Owner been licensed?	_____		
How long has Agency been in operation?	_____		
Have you ever sold insurance for United Equitable Insurance Company?	Yes _____	No _____	
If Yes, when?	_____		
Do you currently broker business?	Yes _____	No _____	



What are your top lines of Business: \_\_\_\_\_

**Please complete the following for your top Non-Standard Automobile Insurance Companies:**

Company	YTD Premium	Last Year's Premium	Prior Year's Premium	YTD Loss Ratio	Last Year's Loss Ratio	Prior Year's Loss Ratio

Description of your Agency's location \_\_\_\_\_

Agency office hours \_\_\_\_\_

Number of licensed P&C producers \_\_\_\_\_ Number of additional support staff \_\_\_\_\_

Please list the premium finance companies you use \_\_\_\_\_

What type of agency management system do you use? \_\_\_\_\_

What type of rating system do you use? \_\_\_\_\_

Do you need a stand-alone rating disk? Yes \_\_\_\_\_ No \_\_\_\_\_ Quantity \_\_\_\_\_

Please complete the following questions. If you answer "Yes" to any of them, please write details on a separate sheet of paper and attach it to this application.

Have you ever had your license suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a complaint filed against you with an insurance department? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in arrears to any insurance company for your account current statement? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been refused bond by a Surety Company, has any Surety Company paid out funds on your coverage? Yes \_\_\_\_\_ No \_\_\_\_\_



## PRODUCER'S DECLARATION AND AUTHORIZATION

As part of our normal procedure, a routine investigation may be made concerning information on your character, general reputation, personal characteristics and mode of living. Further information on the nature in scope of any such inquiry, if one is made, is available to you upon written request.

I authorize the company to conduct any investigation deemed necessary to verify the answers to the questions on this application. I understand that falsification of any answer to a question on this application is grounds for cancellation of my license and contract. If my application is accepted, I agreed to comply with all the rules and regulations of the company.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please be sure to attach the following items to this application:***

- *Copy of all Agency licenses*
- *Copy of your errors and omissions declarations page*
- *Copy of all Producers licenses*
- *Completed W-9*

Please scan and email this completed Application and any applicable items to [jlasavage@ueg1.com](mailto:jlasavage@ueg1.com).

If you cannot email a scanned copy of this application please use one of the following methods:

- Fax to: (847) 583-9012
- Mail to:

United Equitable Insurance Company

P.O. BOX 1104

Skokie, IL 60076