



Agency Name

Application for Appointment

- Application for Sub-Producer Contract
- Carrier Loss Ratio Report (Minimum of 1)
- E & O Declarations page

Please enclose the following documents and fax to 708-552-2472



(LS MGA)
Application for Sub-Producer Contract

Date of Application: _____

Agency Name: _____ Tax ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: _____ Fax #: _____

E-mail Address: _____ Social Security #: _____

Type of Business:

___ Corporation ___ Individual ___ Partnership ___ LLC ___ Other: _____

Names of Agency Owners/Officers

| Name: | Title: | Years of Experience: |
|-------|--------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How long has your agency been in operation? _____

How many locations do you have? _____ (Please include address and phone #'s for all locations).

Number of licensed producers in your agency: _____ (Attach copies of all Licenses)

Number of additional support staff: _____

Agency Office Hours: _____

What are your top three lines of business? (Non standard auto, Preferred Auto, Home, Life, Health, Commercial Auto, etc..)

1. _____ 2. _____ 3. _____

Please complete the following for your top four non-standard auto carriers:

| Company | Current Year Premium | Prior Year Premium | Current Year Loss Ratio | Prior Year Loss Ratio | 3 Year Loss Ratio |
|---------|----------------------|--------------------|-------------------------|-----------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please list your top 4 carriers for business other than non-standard auto:

| Company | Lines of Business | Estimated Annual Premium |
|---------|-------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you currently carry Errors and Omissions Coverage? Please provide Carrier Name, Policy Number, Expiration Date and Policy Limits:

Please complete the following questions:

(Please include explanations to any "Yes" responses in the remarks section at the end of the application.)

- Have you ever had your License suspended? Yes No
- Have you ever had a complaint filed against you with a department of insurance? Yes No
- Have you ever been refused bond by a Surety company or has a Surety paid out funds for your coverage? Yes No
- Have you ever had a contract with a company cancelled for any reason other than lack of production? Yes No

What comparative rating vendors do you use? _____

What agency management system do you use? _____

What are the top three variables you consider when submitting an application to a company?

1. _____

2. _____

3. _____

Do you currently have an agency website? Yes No www. _____

Producer Commitment:

How many new policies does your agency write per month? _____

How many Non standard new policies does your agency write per month? _____

How many new policies will you target for LS MGA per month? _____

Projected first year premium volume with LS MGA? \$ _____

How did you hear about LS MGA? _____

REMARKS:

Producer Declaration and Authorization:

As a part of our normal procedure, a routine investigation may be made concerning the information provided in this application, which includes but is not limited to, general reputation criminal history, personal characteristics, mode of living and financial standing. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

I herby authorize LS MGA to conduct any investigation deemed necessary to substantiate my application for producer contract. I understand that falsification of any answer to a question on this application is grounds for cancellation of said contract. If my application is accepted, I agree t comply with all rules and regulations of the company.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

Signature of Owner(s)/Principle(s): _____ Title: _____ Date: _____

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