

Auto Producer Application Checklist



During the completion of our online Application, you are guided through 8 short steps of questions. We hope you find this checklist helpful in preparing to provide your information. Asterisks * indicate required fields.

Step 1

- * Producer Name
- * Legal (Tax) Name
- * Physical Address 1
Physical Address 2
- * Physical City, State, Zip
- * Mailing Address 1
Mailing Address 2
- * Mailing City, State, Zip
- * Phone Number
Fax Number

Step 2

- * Rating Vendor (OIS, FSC, Other)
- * Source of New Business (Corporation, Partnership, Proprietorship)
- * Business Type
- * Years in Existence
- * Number of Locations
- * License Number

Step 3

- * Principals (Name, Title / Duties, Years Experience, % Time Active)

Step 4

Personal Lines Information

- * Homeowners Annual Premium (\$ amount)
 - * Auto Annual Premium (\$ amount)
 - * Other Annual Premium (\$ amount)
 - * Total Personal Lines Premium (\$ amount)
- Personal Auto Carriers (Carrier Name, Annual Premium, Average number of Applications per Month)

Step 5

Commercial Lines Information

- * Property Annual Premium (\$ amount)
 - * Casualty Annual Premium (\$ amount)
 - * Auto Annual Premium (\$ amount)
 - * Worker's Comp Annual Premium (\$ amount)
 - * Surety Annual Premium (\$ amount)
 - * Total Commercial Lines Premium (\$ amount)
- Monoline Commercial Auto Carriers (Carrier Name, Annual Premium, Average number of Applications per Month)

Step 6

Explorer Insurance Production Commitment

- * PL Gross Written Premium/Year (\$ amount)
- * PL Apps/Month
- * CL Gross Written Premium/Year (\$ amount)
- * CL Apps/Month

Step 7

- * E & O Insurance (If Yes - Carrier, Limits, Eff. Date)
 - * Contract Ever Terminated? (If Yes - Carrier, Reason, Date)
 - * Ever Filed Bankruptcy? (If Yes, Explanation)
- Professional References (Name, Company, Phone)
Bank References (Name, Bank/Branch, Phone)

Step 8

Have any of the principals, partners, officers, directors or employees in your agency/brokerage ever been convicted in any state, federal, commonwealth or territorial jurisdiction of felony crimes involving dishonesty or breach of trust, or any violation of title 18 U.S.C. § 1033? (If Yes, Explanation)

Declaration of Agreement

- * Name, Title, * Email

