
INSURANCE PRODUCER PROFILE

- 1 Name of Firm _____
- 2 Physical Address _____
- 3 Mailing Address _____
- 4 Telephone # _____ Facsimile # _____
- 5 Tax ID # _____
- 6 Operating as a(n) _____ (state) _____
- Corporation
 Partnership
 Individual
 Limited Liability Co.
- 7 Company Website _____
- 8 Bank Reference _____
- Address _____
- Contact _____ Telephone # _____
- 9 Trust Account # _____ Other _____
- Accounting Firm _____
- Address _____
- Contact _____ Telephone # _____
- 10 Are your financial statements audited or unaudited?
 Audited Unaudited
- 11 Please attach a copy of your latest financial statement (*If more than six months old, also attach a copy of the latest P&L statement.*) **Also include a current W-9.**
- 12 Errors & Omissions Coverage
 Yes No *Please attach a copy of the Declarations page.*
- Please explain if you answer no _____

OPERATIONS

- 1 What year was your business established? _____
- 2 Is your business Publicly owned?
 Yes No
- If yes, please list the trading symbol: _____
- 3 Are you a member of
 NAPSLO AAMGA
- 4 What percentage of volume is written:
 _____%Wholesale _____%Retail _____% Contract _____%Brokerage
- 5 Do the retail agents/brokers for whom you place business sign an agreement as respects submission of business and payment of premium? *If yes, attach a copy of the agreement.*
 Yes No
- If yes, does the agreement include a Hold Harmless clause for errors or omissions of the retailer to protect your agency? *If yes, attach a copy of the agreement,*
 Yes No
- To protect the insuring company: *If yes, attach a copy of the agreement*
 Yes No
- 6 List any branch offices _____
- 7 Will the branch offices be placing business directly with Century Insurance?
 Yes No

8 List all states in which you write business: _____

9 Are you licensed in all states listed above? Yes No

If no, explain: _____

10 List states you want included in a contract with Century Insurance

Attach a copy of the surplus lines license for each state you are seeking contract authority.

11 Please confirm that your agency will be collecting and paying the necessary surplus lines taxes & other required reporting for surplus lines business. Yes No

If no, explain:

12 In the states where you are not licensed, who will be responsible for collecting and paying the necessary surplus lines taxes & other required reporting for surplus lines business should you write business with Century there?

13 What percentage of business and # of agents/brokers for each state listed in #8 above

____ #/ ____ % ____ (State) ____ #/ ____ % ____ (State) ____ #/ ____ % ____ (State)

____ #/ ____ % ____ (State) ____ #/ ____ % ____ (State) ____ #/ ____ % ____ (State)

____ #/ ____ % ____ (State) ____ #/ ____ % ____ (State) ____ #/ ____ % ____ (State)

14 Have there been any acquisitions, mergers or name changes in the past five years? Yes No

15 Is this firm owned by, controlled by, associated with or affiliated with any other business interest? Yes No

If yes, explain: _____

16 Check any of the following functions you have automated for Commercial Lines:

- Applications for Insurance Rating/Quoting/Binding Policy Issuance
- Accounting Claims Inquiry Endorsements/Cancellations/Reinstatements
- Online Fax/Email Composition Online Incoming Fax/Email

Number of work stations Are they networked? Yes No

17 Describe any specialty programs you write or wish to write: _____

PRINCIPALS & PERSONNEL

1 Staff Breakdown:	<u>Current Year</u>	<u>Prior Year</u>
	(Number)	
Principals/Partners, Owners	_____	_____
Officers, Managers (Other than above)	_____	_____
Brokers: (Other than above)	_____	_____
Other Employees	_____	_____
Total	_____	_____

2 Principals/Officers

Name	Title/Position	# of Years in Insurance	# of Years with your Firm	% of Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3 Underwriting Manager/Underwriters/Brokers: _____

Please attach resumes for all those listed in #2 and #3

4 Contacts for :

Office Administration	_____
Accounts/Bookkeeping	_____
Claims	_____

Please include all applicable email addresses for those listed in #2 - #4:

PRODUCTION TO CENTURY INSURANCE

1 Premium Volume Objectives (Annualized Premium):

End of First Year	End of Second Year	End of Third Year
\$ _____	\$ _____	\$ _____

2 Volume will come from:

New Business	\$ _____
Transfer from current company in office	\$ _____
Transfer from discontinued company	\$ _____

Please explain: _____

PREMIUM VOLUME

1 Total Volume Last Three Years:

Year	Comm'l/Personal	Year	Comm'l/Personal	Year	Comm'l/Personal
_____	_____/_____	_____	_____/_____	_____	_____/_____

2 Breakdown

	Current Year	Prior Year
Property	_____	_____
General Liability	_____	_____
Packages	_____	_____
Automobile Liability	_____	_____
Physical Damage	_____	_____
Professional Liability	_____	_____
Umbrella & Excess	_____	_____
Personal Lines	_____	_____
Special Programs (<i>describe</i>)	_____	_____
Other (<i>describe</i>)	_____	_____
TOTAL	_____	_____

3 List Major Companies

Name	Years Represented	Annual volume	Loss Ratio	Binding Authority Yes or No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4 Describe binding authority for each company by line of insurance (personal & commercial auto, GL, Property, etc.)

5 Any companies discontinued in the last three years? Yes No

Has there been any disciplinary action by a state insurance department or other regulatory authority against any member of this firm? If yes, explain Yes No

Have there been any judgments within the past 3 years, exceeding \$10,000, or is there any pending or threatened litigation against the firm or any of the principals? If yes, explain Yes No

Have you ever received a criminal conviction for a violation of any state or federal statute? If yes, explain Yes No

The undersigned hereby attests that the information provided in response to questions on this form are factual and complete and are without omission or misrepresentation.

Signature of Applicant: _____

Title: _____

Date: _____

PLEASE BE SURE TO INCLUDE COPIES OF:

Financial Statements (along with a current W-9)

Licenses

E&O Declaration Page

Resumes of Key Employees

Agency Biography

CONSENT TO BACKGROUND CHECK

To be completed by Principal/Branch Manager

The undersigned hereby consents to a background check of me and my business history by Century Insurance and any of its affiliates or subsidiaries.

As to Century Insurance and any of its affiliates, I waive any privacy or similar rights with respect to information obtained by such background check.

I hereby authorize Century Insurance and any of its affiliates to request such information from any reporting agency or similar information gathering agency to provide such reports to Century Insurance and any of its affiliates.

I grant my consent to any prior employer, school, financial institution, creditor and business associate to disclose any information about me in its records or otherwise to Century Insurance and any of its affiliates. The information disclosed may include job performance, work habits, personality traits, character assessment and the like.

This consent supersedes any prior agreement or other limitation on any employer, school, financial institution, creditor and business associates and in granting this consent, it is my purpose to recognize an absolute privilege for any or each of them to disclose matters and state opinions to Century Insurance and any of its affiliates or subsidiaries.

Date

Signature

Printed Name (include middle initial)

Home Street Address

City, State and Zip Code

Social Security Number

Date of Birth

Phone Number

Driver License Number