

PRODUCER APPLICATION

General Information

Name of Agency:				
Location Address:				
Mailing Address:				
Telephone Number		Facsimile Number		
E Mail Address				
Years In Business		Years Experience		
Agency is	Individual	Partnership	Corporation	Other
Indicate FEIN or Social Security Number				

During the past five (5) years has the agency acquired or merged with another agency or has the agency changed names?		
Yes	No	If Yes, briefly describe
Do you have any branch offices?		
Yes	No	(A separate application is required for each branch office)
Do you handle business domiciled in State(s) where you do not operate an office?		
Yes	No	If Yes, please describe how handled:
Do you entertain business originating from another agency or agent other than your own?		
Yes	No	

Personnel Information

List each Owner/Principal/Partner/Officer of the agency:

Individual Name	Title	Percent Ownership
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List all Licensed Individuals

Individual Name	License Number
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Other Key Personnel

Individual Name	Title
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Has any owner, partner, officer, associate, licensee, or other key personnel of the agency been subject to any disciplinary action by a State Insurance Department or other regulatory authority?

Yes

No

If Yes, explain in detail:

Marketing

In what geographical area is the agency's premium volume generated?

Comment on any specific line of business or program business you specialize in:

Annual premium written last year:

Estimated Annual Premium next 12 months:

Percentage of Personal Lines	%	Commercial Lines	%
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List the three largest DIRECT MARKETS represented by the agency:

Insurance Company Name	No of Years	Binding Authority (Yes or No)	Type of Business (Persl or Comml)
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List all WHOLESALE MARKETS or MANAGING GENERAL AGENTS used:

Has any INSURANCE COMPANY or WHOLESALER terminated relationship or representation in the last three years?

Yes	No	If Yes, please explain:
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Financial

Is the agency owned by, associated with or controlled by any other Company?

Yes No If yes, please explain:

Do you maintain FIDELITY COVERAGE for all officers and employees?

Yes No

If yes, provide Carrier Name, Limits, Effective Dates

Provide the following information of your INSURANCE AGENTS E & O INSURANCE:

Insurance Company Name

Limits Carried Deductible

Policy Number Effective Dates:

Have any Error & Omissions claims been made during the past five years against the agency, owners, partners, officers or employees?

Yes No If Yes, explain:

Does the agency comply with the fiduciary responsibilities placed on it by the State Insurance Department?

Yes No

Please provide the following reference information:

Bank Name Telephone Number

Provide names and telephone numbers of individuals we could contact for a personal reference:

PLEASE ATTACH A COPY OF THE LATEST INSURANCE AGENTS E&O DECLARATIONS ALONG WITH COPIES OF ALL GENERAL LINES 2-20 LICENSES.

The information provided is to induce FIRESTONE AGENCY OF FL INC to consider the applicant for Producer status. Filing of this Application does not constitute approval of the applicant by FIRESTONE AGENCY OF FL INC for Producer status.

The undersigned warrants the validity of the above information and the truth of the facts indicated with no misrepresentation and no material fact withheld.

Date

Signature of Principal/Owner/Officer

Print Name and Title