



APPLICATION FOR PRODUCER CONTRACT

Date Of Application _____

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

How did you hear about American Heartland 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 American Heartland 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.

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

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

American Heartland Insurance Company
P.O. BOX 1104
Skokie, IL 60076