



National Producer Agreement Application

In order to obtain / maintain an appointment with Amwins Group, Inc. we require the following:

- Completed National Producer Agreement Application
- Completed and signed National Producer Agreement
- Current W9
- Current E&O Certificate of Insurance
 - Carrier must maintain an A.M. Best rating of A- or better
 - Minimum required limit is \$1 million
- Current Employee Dishonesty Certificate of Insurance
 - Carrier must maintain an A.M. Best rating of A- or better
 - Minimum required limit is \$25,000

General Information:

Legal Name:

DBA Name (if different):

Physical Address:

City: State: Zip Code:

Mailing Address (if different):

City: State: Zip Code:

Phone Number:

of Producers:

of Employees:

Are you interested in Admitted Placement Services: Yes ☐ No ☐ Website:

We are: A Single Location ☐ Multi Location ☐

*If multi location, please attach a location list.

Background Information:

Year Established:

Is Broker engaged in, owned by, associated, affiliated with, or controlled by other business interest(s): Yes ☐ No ☐

If yes, please explain:

Does your agency operate solely (100%) as a retailer: Yes ☐ No ☐

If no, please explain:

Operations:

Contact	Name:	Phone:	Email Address:
Principal	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>
E&O	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensing	<input type="text"/>	<input type="text"/>	<input type="text"/>
IT	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have a single email address you would like us to send policy documents to, please provide:

Accounting:

	Name:	Email Address:
Primary Accounting Contact*	<input type="text"/>	<input type="text"/>
Remittance Accounting Contact (if different than above)	<input type="text"/>	<input type="text"/>

Would you like to be enabled for ePay? Yes ☐ No ☐

Accounting contact is required for appointment. If you leave the above contact section blank, we will default the contact to the agency principal contact

Percent of business that is premium financed:

Primary premium finance companies used:

Please provide bank account information below:

* If you have multiple locations, do you have centralized accounting? If not, please attach premium account information (see below), contact name and email address for each location.

Premium Account –

Bank Name:	<input type="text"/>
Account Name:	<input type="text"/>
Alternative Pay To Name:	<input type="text"/>
Account Number:	<input type="text"/>
ACH Routing Number:	<input type="text"/>
Wire Routing Number :	<input type="text"/>

(must be 9 digits)

(must be 9 digits)

Premium Volume & Distribution:

Top 5 Insurance Companies:

- 1.
- 2.
- 3.
- 4.
- 5.

Top 5 MGAs / Wholesalers:

- 1.
- 2.
- 3.
- 4.
- 5.

Do you have a small account department? Yes ☐ No ☐

If yes, Annual Premium:

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Please indicate premium in the following classes during the past twelve months:

Class	Written Premium	Class	Written Premium		
Commercial Property	\$ <table border="1"><tr><td></td></tr></table>		Energy	\$ <table border="1"><tr><td></td></tr></table>	
Commercial GL	\$ <table border="1"><tr><td></td></tr></table>		Group Benefits	\$ <table border="1"><tr><td></td></tr></table>	
Commercial Auto	\$ <table border="1"><tr><td></td></tr></table>		Healthcare	\$ <table border="1"><tr><td></td></tr></table>	
Umbrella	\$ <table border="1"><tr><td></td></tr></table>		Marine	\$ <table border="1"><tr><td></td></tr></table>	
Workers Comp	\$ <table border="1"><tr><td></td></tr></table>		Pollution/Environmental	\$ <table border="1"><tr><td></td></tr></table>	
Professional Liability	\$ <table border="1"><tr><td></td></tr></table>		Product Liability	\$ <table border="1"><tr><td></td></tr></table>	
Construction	\$ <table border="1"><tr><td></td></tr></table>		Product Recall	\$ <table border="1"><tr><td></td></tr></table>	
Other: _____	\$ <table border="1"><tr><td></td></tr></table>				

Due Diligence:

Has any principal or employee ever been charged with or convicted of a crime? Yes ☐ No ☐

"Crime" indicates any felony or misdemeanor. Disclosure of minor traffic accidents need not be included.

"Convicted" includes entering a plea of guilty or nolo contendere (no contest), or receiving probation, a suspended license, or a fine.

If yes, please explain:

Has any license pertaining to any type of insurance related activity and held by any principal employee ever been revoked, suspended, or withdrawn by action of any regulatory authority? Yes ☐ No ☐

If yes, please explain:

The undersigned is an authorized representative that hereby declares that the information given above is true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Signature

Title

Printed Name

Date