

# AMWINS™

## 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:

### 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:

We are: A Single Location  Multi Location   
\*If multi location, please attach a location list.

## 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 issuance to, please provide:

## Accounting:

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:

Account Name:

Account Number:

Alternative Pay To Name:

ACH Number (Routing #):

Wire Number (Routing #):

For Future consideration: Would you like to be able to pay premiums online? Yes  No

## 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:

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

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

**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