

# 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

\_\_\_\_\_

Mailing Address (if different)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

# of Producers

\_\_\_\_\_

# of Employees

\_\_\_\_\_

Website

\_\_\_\_\_

Year Established

\_\_\_\_\_

## BACKGROUND INFORMATION

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	_____	_____	_____
Marketing	_____	_____	_____
Accounting	_____	_____	_____
E&O	_____	_____	_____
Licensing	_____	_____	_____
IT	_____	_____	_____

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:

Company	Premium Volume
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

### Top 5 MGAs / Wholesalers:

Company	Premium Volume
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	Premium	Class	Premium
Commercial Property	\$ _____	Energy	\$ _____
Commercial GL	\$ _____	Group Benefits	\$ _____
Commercial Auto	\$ _____	Healthcare	\$ _____
Umbrella	\$ _____	Marine	\$ _____
Workers Comp	\$ _____	Pollution/Environmental	\$ _____
Professional Liability	\$ _____	Product Liability	\$ _____
Construction	\$ _____	Product Recall	\$ _____
Other _____	\$ _____		

## 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 the agency or 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 \_\_\_\_\_