



INSURANCE NETWORK

6640 S. Cicero Ave, Bedford Park, IL 60638
eFax: 708-552-4479



Date of Application: _____

Producer Code: _____
(WIN office use only)

APPLICATION FOR PRODUCER/AGENCY CONTRACT

General Information

Name of Agency as Licensed: _____ Phone #: _____

Email Address: _____ FAX #: _____

Website: _____

Street Address: _____ City: _____ State: _____ ZIP: _____ County: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____ County: _____

Proprietorship: Social Security #: _____

Partnership: Name(s) of Owner(s): _____

Corporation: Names of Stockholders: _____ Federal Tax ID #: _____

Attached is a copy of Errors & Omissions Declaration Page.

Agency Manager/Contact: _____ Principal's Cell Phone #: _____

of Offices: _____ # of Employees: _____ Office Hours: _____ Years in Business: _____

Comparative Rating Company: _____ Agency Management System: _____ Download? Yes No

Are you registered with Lexis Nexis? Yes No If yes, Node ID: _____

In what states do you wish to write?

- AL AZ AR CO GA IL IN IA KS LA MD MN
 MS MO NE NV NJ OH OK PA TN TX VA WI

Licensed Agency Personnel

_____ First Name	_____ M.I.	_____ Last Name	_____ Social Security Number (IA, LA, and WI Only)	_____ Email Address (If you wish them to get company updates)
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_____ Main Function	_____ Date of Birth	_____ Number of Years at Agency	License <input type="checkbox"/> Yes <input type="checkbox"/> No
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_____ First Name	_____ M.I.	_____ Last Name	_____ Social Security Number (IA, LA, and WI Only)	_____ Email Address (If you wish them to get company updates)
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_____ Main Function	_____ Date of Birth	_____ Number of Years at Agency	License <input type="checkbox"/> Yes <input type="checkbox"/> No
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_____ First Name	_____ M.I.	_____ Last Name	_____ Social Security Number (IA, LA, and WI Only)	_____ Email Address (If you wish them to get company updates)
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_____ Main Function	_____ Date of Birth	_____ Number of Years at Agency	License <input type="checkbox"/> Yes <input type="checkbox"/> No
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Legal/Quality of Agency Information

1. Have you ever had your insurance license suspended, revoked, or terminated? Yes No
2. Have you ever had a suit or judgment filed against you or the agency? Yes No
3. Have you or any employee(s) ever been convicted of a felony? Yes No
4. Has your agency at any time operated under a different trade name(s) Yes No

Name? _____

5. If you have answered "yes" to any of the above questions, please explain further:

Production Information

PERSONAL Lines Carriers	Annual Auto Volume	Loss Ratio	Commission	Marketing Representative	Year of Appt.
1. <input type="checkbox"/> Std. Auto <input type="checkbox"/> Non-std. Auto					
2. <input type="checkbox"/> Std. Auto <input type="checkbox"/> Non-std. Auto					
3. <input type="checkbox"/> Std. Auto <input type="checkbox"/> Non-std. Auto					
Total					

COMMERCIAL Lines Carriers	Annual Auto Volume	Loss Ratio	Commission	Marketing Representative	Year of Appt.
1.					
2.					
3.					
Total					

Other General Information

1. How did you hear about Warrior Insurance Network (WIN)? _____
2. How would you describe your agency's mix of business? Preferred Standard Standard/Non-standard
 Other (i.e. Commercial, Life, Health, mixed) _____
3. What business do you plan on writing with us? Preferred Standard Non-standard
 Commercial General Liability Renters
4. Does your agency write health insurance? Yes No
5. Is English the first language spoken by your client base? If not English, what is the primary language of your clients?
(For our customer service and promotional purposes): _____
6. What are the top three variables you consider when submitting applications to a particular company?
1. _____ 2. _____ 3. _____
7. Does the agency advertise? Check those that apply:
 Google/Facebook Ads Billboards Radio TV Direct Mail Newspapers Internet Agency Referrals
 Car Dealers Currency Exchanges Community Marketing Other: _____
8. Do you believe the agency has any control over the agency's loss ratio? Yes No
Please explain: _____
9. How many new policies will you plan to write with WIN entities per month? _____
10. Projected first year premium volume with WIN entities (*\$25,000 is company minimum*) _____

Declaration and Authorization

As a part of our normal procedure, a routine investigation may be made concerning the information provided in this application, which includes, but is not limited to, general reputation criminal history, personal characteristics, mode of living, and financial standing. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request.

I hereby authorize Warrior Insurance Network to conduct an investigation deemed necessary to substantiate my application for producer/agency contract. I understand that falsification of any answer to a question on this application is grounds for cancellation of said contract. If my application is accepted, I agree to comply with all rules and regulations of the company.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

Signature of Owner(s)/Principal(s): _____

Title: _____ Date: _____

Signature of Owner(s)/Principal(s): _____

Title: _____ Date: _____

Financial Information/Producer - Agency Commitment

METHOD OF PAYMENT: EARNED PREMIUM (Earned premium avoids untimely chargebacks)

PLEASE INCLUDE BANKING INFORMATION BELOW FOR AGENCY SWEEP.

Please check one: Checking Savings

Premium Trust Authorization: I authorize Warrior Insurance Network entities to withdraw premium payments from the premium trust account listed below. Please attach a copy of a **voided** check or a deposit slip for confirmation.

Bank for Premium Trust: _____

Routing Number (Agency Sweep): _____ Account Number (Agency Sweep): _____

Direct Deposit Authorization: I authorize Warrior Insurance Network entities to deposit funds due, based on my monthly commission statement, directly to the bank account listed below. Please attach a copy of a **voided** check or a deposit slip for confirmation.

Bank for Operational Account for Commissions: _____

Bank Address: _____

ABA Routing Number: _____ Account Number: _____

Signature needed for authorization of the above information.

Agency Name: _____

Name to Authorize Direct Deposit/Payment/Sweep: _____

Signature to Authorize Direct Deposit/Payment/Sweep: _____ **Date:** _____

The diagram shows a check from Jane Doe, 123 Any Street, Anytown, US 12345, for \$1234. The check is voided. The routing number 123456789 and account number 0987654321 are circled and labeled below. The check also includes fields for DATE, PAY TO THE ORDER OF, ANYTOWN BANK, MEMO, and DOLLARS.

Attachments

Please include the following items with your application:

- Company generated production and experience reports of the last two years - top three, Personal and Commercial
- All Agency Licenses
- Errors & Omissions Declaration Page
- Copy of W-9 Form
- Voided check(s) or deposit slip(s) for confirmation for Direct Deposit and Agency Sweep.