



## How to become A Producer

Thank you for your interest in becoming a producer for The Responsive Auto Insurance Company. The information herein is essential to understanding your agency when reviewing your production and loss experience. The information in this form is kept completely confidential.

**The following documents are required:**

1. Completed Producer Appointment Application.
2. Copy of E & O Policy.
3. Completed Licensing form.
4. Copy of Agent(s) of record license(s).
5. Completed W9 form.
6. Completed EFT form, with a copy of a voided check.
7. Appointment Fee of \$62.10

Please fax the completed forms to the attention of **Marketing Department** at **954-577-3788**. After review and approval, you will be assigned a producer number and we will arrange for a Marketing Representative in your area to visit your office.

## Producer Appointment Application

### About your agency

Agency Name: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Mailing Address: (If different) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Doing Business Since: \_\_\_\_\_ \*\*Number of Locations: \_\_\_\_\_

*\*\* You will enter each location separately after completing this form.*

Type of Organization: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

\_\_\_\_\_ Limited Liability Company

Federal Tax ID or Social Security Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Home: \_\_\_\_\_

**Agency Principal at Your Firm**

*Please list all principals of your agency, including any officers and owners.*

**Principal 1**

\*First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**Principal 2**

\*First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**Principal 3**

\*First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

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**Key Personnel at your Firm (both licensed and unlicensed)**

*Please list any additional key personnel at your firm, including managers, licensed agents, and key contact personnel (lead CSRs, etc.).*

**Employee 1**

\*First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**Employee 2**

\*First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**Employee 3**

\*First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**Employee 4**

\*First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**About Your Agents & Principals**

\* Are the Agency Principals licensed Agents? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Are the Agency Principals involved in the day-to-day operations? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Is there a licensed Agent on the premises at all times during business hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Does your agency have E&O coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Have any of the Agency's Principals or Agents ever.....

-Been refused a surety bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

-Been arrested, indicted, or convicted of a felony or misdemeanor,  
excluding minor traffic offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

-Been known by another name or conducted business in any other name? \_\_\_\_\_ Yes \_\_\_\_\_ No

-Been refused a license or had a license canceled in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No

-Had an E&O claim? \_\_\_\_\_ Yes \_\_\_\_\_ No

-Declared bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Current Auto Insurance Carriers**

Company Name	Annual Volume	3yr Loss Ratio %	Appointment Date
*1. _____	*\$ _____	* _____	* _____
*2. _____	*\$ _____	* _____	* _____
*3. _____	*\$ _____	* _____	* _____
*4. _____	*\$ _____	* _____	* _____
*5. _____	*\$ _____	* _____	* _____

**Have you been terminated by any company within the past three years? If yes, give details:**

\_\_\_\_\_  
\_\_\_\_\_

**General Questions**

\*Number of nonstandard auto applications written per month? \_\_\_\_\_

\*Is the Agency a franchise? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Majority of business is generated by\* \_\_\_\_\_ Walk-in \_\_\_\_\_ Agency renewals \_\_\_\_\_ Referrals

Comparative rating system(s) used\*

\_\_\_\_\_ Website                      \_\_\_\_\_ EZLINK                      \_\_\_\_\_ AccuAuto  
\_\_\_\_\_ ITC                              \_\_\_\_\_ AZ-FSC                      \_\_\_\_\_ CCI-Rater  
\_\_\_\_\_ Tru-Premium/UniCorp      \_\_\_\_\_ Quick Quote              \_\_\_\_\_ Quote Rite  
\_\_\_\_\_ Company disk              Other (not listed here) \_\_\_\_\_

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Does this agency advertise? \_\_\_\_\_ Yes \_\_\_\_\_ No

Major forms of advertising (check all that apply):

Yellow pages \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_ Billboard \_\_\_\_\_ Internet \_\_\_\_\_

Direct Mail \_\_\_\_\_ Other – specify: \_\_\_\_\_

Agency automation system used \_\_\_\_\_

List any professional organization memberships or affiliations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME

\_\_\_\_\_  
Applicant Signature