



agent@automga.com

# PRODUCER INFORMATION

New Applicant

☐

Merger Buyout

☐

Update

☐

Territory \_\_\_\_\_

BUSINESS NAME		TELEPHONE # - INCLUDE AREA CODE		FAX # - INCLUDE AREA CODE	
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS		CITY		STATE	ZIP
YEARS ESTABLISHED	COMPANY STATUS (Check One) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER				YRS. IN INSURANCE BUSINESS
NUMBER OF PRODUCERS?	NUMBER OF LOCATIONS	ARE YOU LICENSED IN ANY OTHER STATE? (attach copy of nonresident license) <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX ID #	
NUMBER OF EMPLOYEES?	NAME OF E & O CARRIER (attach copy)				E-MAIL ADDRESS
				<input type="checkbox"/> PIA <input type="checkbox"/> IIA <input type="checkbox"/> AGENTS ALLIANCE	

## OWNERSHIP AND GENERAL INFORMATION

NAME			SS #		
TITLE	HOME PHONE	LICENSE #		% OWNERSHIP	
HOME ADDRESS		CITY - STATE - ZIP		YRS. IN INSURANCE BUSINESS	
NAME			SS #		
TITLE	HOME PHONE	LICENSE #		% OWNERSHIP	
HOME ADDRESS		CITY - STATE - ZIP		YRS. IN INSURANCE BUSINESS	

Number of DOI Complaints or BBB Complaints in last 5 years. \_\_\_\_\_

Have you or your firm ever denied by a prior carrier? ☐ YES ☐ NO

If Yes, please explain. \_\_\_\_\_


## BANK INFORMATION

BANK	CONTACT	PHONE	
ADDRESS	CITY	STATE	ZIP
ACCT. #	TYPE OF ACCOUNT		

## COMPANIES YOU CURRENTLY REPRESENT

COMPANY NAME	YEAR APPOINTED	APPROXIMATE ANNUAL VOLUME	COMPANY NAME	YEAR APPOINTED	APPROXIMATE ANNUAL VOLUME
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

### LICENSED PERSONNEL- Attach copy of License

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ License #: \_\_\_\_\_ Yrs. Lic: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ License #: \_\_\_\_\_ Yrs. Lic: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ License #: \_\_\_\_\_ Yrs. Lic: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ License #: \_\_\_\_\_ Yrs. Lic: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

IF THERE ARE ADDITIONAL PERSONNEL. PLEASE ATTACH A SEPARATE PAGE

### ADDITIONAL COMMENTS / INFORMATION

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Locations:

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_ Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_ Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_ Manager: \_\_\_\_\_

IF THERE ARE ADDITIONAL PERSONNEL. PLEASE ATTACH A SEPARATE PAGE

### CREDIT / REFERENCE CHECK AUTHORIZATION

I Hereby acknowledge that the Auto MGA Insurance Services and/or it's representatives, may from time to time, conduct personal, business, or financial credit or reference checks of the applicant, it's owners, officers, or licensed employees. I also certify that the information herein is true and accurate.

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

Attachments:

\_\_\_\_\_ Producer Licenses (Corporate, Individual, Employee)

\_\_\_\_\_ Current E & O Declarations Page

\_\_\_\_\_ Signed W-9

\_\_\_\_\_ Company Production / Loss Ratio Reports