

# UNIVERSAL RISK ADVISORS, INC.

## Agency Appointment Application

**AGENCY CODE** \_\_\_\_\_

---

The Undersigned applies for appointment as a Producer and/or Agency and furnishes the following information:

Agency and/or Producer Name as licensed: \_\_\_\_\_

Assumed Business Name: \_\_\_\_\_ Recorded at: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Tax I.D. # Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Agency Established (year): \_\_\_\_\_ Number of Employees: (a) clerical \_\_\_\_\_  
(b) Professional \_\_\_\_\_

List all principals\* (include title). If not active, state as such:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ License# \_\_\_\_\_ Years Held \_\_\_\_\_

Title: \_\_\_\_\_ % of Ownership \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ License# \_\_\_\_\_ Years Held \_\_\_\_\_

Title: \_\_\_\_\_ % of Ownership \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ License# \_\_\_\_\_ Years Held \_\_\_\_\_

Title: \_\_\_\_\_ % of Ownership \_\_\_\_\_

\*If more space is required, use additional sheet.

Does Agency accept brokerage business? \_\_\_\_\_ If yes Explain: \_\_\_\_\_

Gross annual premiums written Property and Casualty: \$ \_\_\_\_\_

Percentage mix of: Personal \_\_\_\_\_ and Commercial \_\_\_\_\_ lines.

Are there any criticisms of past business operation such as:

Suits or Insurance Dept. actions? \_\_\_\_\_ Bankruptcies? \_\_\_\_\_ Slow Pay? \_\_\_\_\_

Has any company terminated your agency or curtailed your volume or class of business in The last 3 years? \_\_\_\_\_ If yes, Explain: \_\_\_\_\_

What first year volume commitment has been agreed upon? \_\_\_\_\_

Who is your agency's present errors and omissions carrier? \_\_\_\_\_

Please provide the names of companies with whom you are contracted to write homeowners business. Include the 3 highest volume companies first and list the address of appropriate Branch, Regional or Home Office who handles your office.

1. Name of Company: \_\_\_\_\_ Location: \_\_\_\_\_

Written Premium \_\_\_\_\_ Loss Ratio: Current Year \_\_\_\_\_ 1st Prior \_\_\_\_\_ 2nd Prior \_\_\_\_\_

2. Name of Company: \_\_\_\_\_ Location: \_\_\_\_\_

Written Premium \_\_\_\_\_ Loss Ratio: Current Year \_\_\_\_\_ 1st Prior \_\_\_\_\_ 2nd Prior \_\_\_\_\_

3. Name of Company: \_\_\_\_\_ Location: \_\_\_\_\_

Written Premium \_\_\_\_\_ Loss Ratio: Current Year \_\_\_\_\_ 1st Prior \_\_\_\_\_ 2nd Prior \_\_\_\_\_

4. Name of Company: \_\_\_\_\_ Location: \_\_\_\_\_

Written Premium \_\_\_\_\_ Loss Ratio: Current Year \_\_\_\_\_ 1st Prior \_\_\_\_\_ 2nd Prior \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Agency Owner or Officer \_\_\_\_\_

Field Representative's analysis and recommendations (subject to verification of information and final approval of the company) \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Terminal Manager \_\_\_\_\_

**NOTICE TO APPLICANT FOR EMPLOYMENT AS REQUIRED BY THE BY THE FAIR CREDIT REPORTING ACT**

As a part of employment or agency contracting procedure, a routine report may be obtained by us to provide applicable information concerning your character, general reputation, personal characteristics and mode of living. Upon written request to the Agency Division, at the address above, further details will be provided as to the type of information which this kind of report seeks to develop.