



NETWORKED INSURANCE AGENTS

988 McCourtney Road, Grass Valley, CA 95949
Phone: 530-274-3102 Fax: 530-274-2562 Lic. #0A96047

Application for Affiliation

Date: _____

Agency Name: _____ Telephone #: _____

Physical Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

(if different)

E-Mail Address: _____ Website Address: _____

Type of affiliation desired: Personal* Commercial Personal* & Commercial

*** Must have Comparative Rating & Home Cost Estimator computer software to be considered for a P/L Appt.**

Please mark the types of business which you feel your agency is most interested and will be most successful in writing with Networked Insurance Agents.

- | | | |
|-------------------------|------------------------|------------------------|
| Artisan Contractors * | General Contractors * | Offices |
| Auto - Personal | Habitational * | Professional Liability |
| Auto - Commercial | Homeowners | Restaurants |
| Auto Repair Garages | Large C/L Accounts | Retail |
| BOP(Small C/L Accounts) | Lessors Risk | Services |
| Clubs/Churches | Manufacturers | Technology |
| Consultants | Mfg Reps | Truckers * |
| Dwelling Fire | Mid Sized C/L Accounts | Wholesalers |
| Farms/AG Business | Motels/Hotels | Workers Compensation |

* = Note we have limited markets for these classes

Other - Special Issues Needed: _____

Agency Total Property and Casualty Volume: \$ _____

Total Personal Lines Volume: \$ _____

Total Commercial Lines Volume: \$ _____

Total Workers' Compensation Volume: \$ _____

Total BOP Volume: \$ _____

Total Farm Volume: \$ _____

Total Professional Liability Volume: \$ _____

Industry Specialization: _____

Is book classified by Industry Code? _____

Personnel Information

Please list **ALL owners, producers & CSR's** who will be working with Networked Insurance Agents *(attach separate sheet for additional personnel)*. **Email addresses for all staff is required**

Name & Title:	Soc. Sec. # (Principals Only)	Years in Business	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agency Information

Agency Ownership: Sole Proprietorship Partnership Corporation

In what year was your agency started? _____ Is your agency located in a residence? _____

Does your agency currently belong to a cluster? _____ If yes, please list: _____

Are you or have you been a Direct Writer in the last year? Yes No

If Yes, which one: _____

Federal ID# _____ State License #: _____ Expiration Date: _____

E&O Carrier: _____

Policy #: _____ Policy Limits:* _____ Expiration Date: _____
** 1 million minimum limits required*

Premium: _____

Total # Licensed Agents: _____ **Dec Pg. Required Upon Receipt
Certificate of Insurance not allowed unless you are a captive agent.*

Has agency or any principal of the agency ever been subject to any Dept of Ins action regarding a violation?

Yes No If yes, attach a detailed explanation of action(s).

Have there been any E&O claims made against the agency, partners, officers, owners or producers in the past 5 years?

Yes No If yes, attach a detailed explanation of the claim(s).

Has the agency, partners, officers or owners filed, or is in the process of filing, for Bankruptcy in the past 5 years?

Yes No If yes, attach a detailed explanation.

Have any partners, officers, owners or producers ever been convicted of a felony?

Yes No If yes, attach a detailed explanation.

Who is responsible for the agency's Accounting and Collection matters?

Name:	Title:	Telephone #:
_____	_____	_____

Equipment Information

Do you have an agency management or accounting system? Yes No

If yes, what uses does it have? (Accounting, Marketing, Sales, etc.) _____

If yes, who is the manufacturer of the software? _____

Who is the manufacturer of your Personal Lines Comparative Rating System?*

Do you have home cost replacement software?* Yes No

**Networked Insurance Agents offers home cost replacement software at a reduced cost. (Required for access to PL.)*

Would you like information on these items? Yes No

Are you connected to the internet? Yes No

Market/Carrier Information

Personal Lines Markets

Please list all appointments, continue on separate page if more space is needed

Market*	Total Volume	Appt Date	Loss Ratio*	Direct Appt or MGA
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**Verified Company Premium and Loss Runs for the past three years are required*

Do you have a book of Personal Lines business you would like to roll? _____

If yes, who is the carrier and what is the volume? _____

Farm Markets

Please list all appointments, continue on separate page if more space is needed

Market*	Total Volume	Appt Date	Loss Ratio*	Direct Appt or MGA
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**Verified Company Premium and Loss Runs for the past three years are required*

Do you have a book of Farm business you would like to roll? _____

If yes, who is the carrier and what is the volume? _____

Commercial Lines Markets

Please list all appointments, continue on separate page if more space is needed

Market*	Total Volume	Appt Date	Loss Ratio*	Direct Appt or MGA
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**Verified Company Premium and Loss Runs for the past three years are required*

Do you have a book of Commercial Lines business you would like to roll? _____

If yes, who is the carrier and what is the volume? _____

Workers Compensation Markets

Please list all appointments, continue on separate page if more space is needed

Market*	Total Volume	Appt Date	Loss Ratio*	Direct Appt or MGA
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**Verified Company Premium and Loss Runs for the past three years are required*

Do you have a book of Workers Comp business you would like to roll? _____

If yes, who is the carrier and what is the volume? _____

Brokering Business

Do you broker business for other retail agencies?

Yes

No

Company Terminations

List all carriers that have terminated you over the past three years and the reason for termination.

Please list all continue on separate page if more space is needed

Market	Total Volume	Appt Date	Term Date	Reason for Termination

Does your agency have a Perpetuation Plan? _____ How is it funded? _____

List all states in which you have a non-resident license: _____

PLEASE CHECK OFF EACH ITEM THAT YOU HAVE INCLUDED WITH THIS APPLICATION

No application for affiliation will be approved without complete information and receipt of all requested documentation.

Agency License
 All individual agent's licenses
 Resumes for all principals

Financial Statement
 Copy of E&O Dec Page
 Carrier Loss Runs

WE CANNOT PROCESS YOUR APPLICATION WITHOUT COMPLETE INFORMATION AND RECEIPT OF ALL THE ITEMS LISTED ABOVE

It is my understanding that Networked Insurance Agents, in the normal course of appointing a new agency, will be using a credit agency and other reference checks for confirmation of the above and other information.

Name: _____ Title: _____

Signature: _____ Date: _____

For Networked Insurance Staff Only			
Approved By: _____	Sr. Management Approval: _____		Date: _____
Contract Sent: _____		Contract Received: _____	EFT Received: _____
U/W Materials Sent: _____			