



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: _____

Physical Address: _____

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

Mailing Address (if different): _____

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

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Commercial Lines | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> BOP | <input type="checkbox"/> Farm & Ag | <input type="checkbox"/> Excess & Surplus |
| <input type="checkbox"/> Middle Market | | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Habitational | | |
| <input type="checkbox"/> Hotels/Motels | | |
| <input type="checkbox"/> Lessors Risk | | |

Total Personal Lines Volume: \$ _____

Total Commercial Lines Volume: \$ _____

Total Workers' Compensation Volume: \$ _____

Total Property & Casualty Premium: \$ _____

Agency Information

Agency Ownership: Sole Proprietorship Partnership Corporation LLC

FEIN: _____ License #: _____ Exp Date: _____

What year was your agency started? _____

Does your agency belong to a cluster? _____ If Yes, please list the cluster _____

Are you or have you been a Direct Writer in the past year? _____

If Yes, which carrier? _____

Has Agency or any principal of the agency ever been subject to any DOI action? Yes No

Any E&O claims been made against the agency, or agency staff in the past 5 years? Yes No

Has the agency, partners, officers, or owners filed for Bankruptcy in past 5 years? Yes No

Has any partner, officer, owner, or producer been convicted of a felony? Yes No

If Yes to any of the above questions, please attach a detailed explanation

Who is responsible for the agency's Accounting & Collections?

Name: _____ Phone: _____

Does your agency have a perpetuation plan? _____

How is it funded? _____

Personnel Information:

Please list all owners, producers & CSR's who will be working with Networked Insurance Agents.
Attach a separate sheet if needed, Email addresses are required.

Name & Title	Email	Years with Agency	Years in Industry
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Agency Bill Requirements

Networked Insurance Agents requires 100% payment (100% payment or deposit plus expected finance agreement) of all policies bound under agency bill. NO EXCEPTIONS.

I agree to the above stated terms (Initial) :

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: _____

TSVP Approval: _____ Date: _____

Requirements for Membership

Please initial each box prior to submitting

_____ Fully completed application

_____ Copy of Agency license

_____ Copy of licensed individual licenses

_____ Evidence of E&O insurance with a \$1,000,000 per occurrence limit with a carrier rated A- or better

_____ Completed sales plan with your Territory Sales Vice President

Once submitted, you will be sent the following:

- Agreement of Affiliation
- Forms W-9 and I-9
- EFT Authorization
- Nlink Authorization

Return these documents as instructed and you can receive your agent code.