



American Freedom Insurance Company
 559 W. Golf Road
 Arlington Heights, IL 60005
 Fax # 847-758-9685

APPLICATION FOR PRODUCER CONTRACT

Producer Code #						
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IDENTIFICATION AND HISTORY	Date
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Name of Agency as Licensed				
Phone #:	Fax#:	E-Mail Address:	Website:	
Street Address	City	State	Zip Code	County
Mailing Address	City	State	Zip Code	County
Location of your Agency _____ In your own building _____ In a shopping center _____ An office at your residence _____ In an office complex _____ On the ground floor of office complex _____ Other				

Agency Manager	# of Offices	Office Hours	# of Employees	Agent's Association: _____ Active: Yes <input type="checkbox"/> No <input type="checkbox"/>	Own <input type="checkbox"/> Rent <input type="checkbox"/>
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How did you hear about Company?	Years in Business?
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Does agency upload electronically to Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes ____%	Agency Management System used? _____
If yes, what (New Business, Endorsements, etc.)? _____	Use Company disk? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company(s) Name _____	Use Company website? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comparative Rating Company used? _____	

Brief history of agency – date started, successions, etc.

AGENCY PERSONNEL

Last	NAME First Middle	Birth Date	Birth Place	License Yes/No	Social Security Number	No. Years in Agency

AGENCY INFORMATION

Year	Property and Casualty	Percentage Breakdown of Current Annual Premium			
Total Agency Volume by year for three (3) prior years		Commercial	Std. Auto	Nonstd. Auto	Other/Personal

Non Standard Auto Co.'s	Annual Auto Volume	Loss Ratio	Commission	Marketing Rep	Year of Appt
1.	\$				
2.	\$				
3.	\$				
4.	\$				
5.	\$				
6.	\$				
7.	\$				
8.	\$				
9.	\$				
10.	\$				
Total Nonstandard	\$				

Standard Auto/ Commercial/Other	Annual Auto Volume	Loss Ratio	Commission	Marketing Rep	Year of Appt
1.	\$				
2.	\$				
3.	\$				
4.	\$				
Total	\$				

