



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

FAX # 847-758-9685

APPLICATION FOR PRODUCER CONTRACT

| | | | | |
|-----------------|--|--|--|--|
| Producer Code # | | | | |
|-----------------|--|--|--|--|

IDENTIFICATION AND HISTORY

Date

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: _____ | Own <input type="checkbox"/> |
| | | | | Active: Yes <input type="checkbox"/> No <input type="checkbox"/> | Rent <input type="checkbox"/> |

How did you hear about Company? _____ Years in Business? _____

Comparative Rating Company used? _____ Agency Management System used? _____

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

AGENCY PERSONNEL

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

AGENCY INFORMATION

| Total Agency Volume by year for three (3) prior years | Year | Property and Casualty | Percentage Breakdown of Current Annual Premium | | | |
|---|------|-----------------------|--|-----------|--------------|----------------|
| | | | 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 | \$ | | | | |

What are the primary ethnic groups that buy insurance from you? (for language and promotional purposes)
 1) _____ 2) _____ 3) _____

What are the top three variables you consider when submitting applications to a particular company?
 1) _____ 2) _____ 3) _____

Does agency request accident and violation information from all applicants? _____

() Proprietorship Federal Tax I.D. No. _____ President/Partner Name _____ Social Security No. _____
 () Partnership, Names of Owners _____
 () Corporation, Names of Stockholders _____

Name of Errors & Omissions carrier and policy # (attach copy of dec page) : _____ Deductible: _____

Does agency broker any business? If yes, with whom, what lines, how long? _____

Does agency accept brokered business? If yes, from whom? _____

What percentage of agency business is premium financed? _____% What premium finance companies does your agency use to finance its premium? _____

Has any carrier canceled agent in the past three (3) years? _____ If yes, what was date of cancellation and reason? _____

Does the agency advertise? Circle those that apply: Yellow Pages, billboards, radio, TV, direct mail, newspapers, internet, agency referrals, car dealers, currency exchanges, ethnic community marketing, other? _____

Do you believe an agent has any control over the agency's loss ratio? Please explain. _____

Please complete the following questions.

(If you answer "Yes" to any of them, please write details on a separate sheet and attach to this application.)

- a. Have you ever had your insurance license suspended, revoked or terminated? Yes No
 - b. Have you ever done business with American Freedom before? Yes No When?: _____
 - c. Are you in arrears to any insurance company for your account current statement? Yes No
 - d. Have you ever been refused a bond by a Surety company, or has any Surety company paid out funds on your coverage? Yes No
 - e. Have you ever had a suit or judgement filed against you or the agency Yes No
 - f. Have you or any employee(s) ever been convicted of a felony? Yes No
 - g. Has your agency at any time operated under a different trade name(s) Yes No Name?: _____
 - h. Would you describe your agency as Non-Standard Specialist, Standard with non-standard ability, or Other (please explain) _____
 - i. Do the agency principals transact business other than selling insurance (i.e. premium finance, travel agency, etc.) Yes No
- Please explain _____

DIRECT BILL, PLEASE INCLUDE BANKING INFORMATION BELOW FOR AGENCY SWEEP

Signature to Authorize Payment Sweep: _____

Bank for Premium Fund Trust Account: _____ Address: _____

Account No.: _____ ABA Routing No.: _____

AGENCY BILL FINANCIAL AND CREDIT INFORMATION

Where is your premium trust account maintained? _____ Acct# (agency sweep) _____ Routing # (agency sweep) _____

| Name | Branch | Address |
|------|--------|---------|
|------|--------|---------|

At which bank is credit established? _____

Production Commitment

- Total number of new policies your agency writes per month _____
- Total number of new non-standard auto policies your agency writes per month _____

PRODUCER'S DECLARATION AND AUTHORIZATION

AMERICAN FREEDOM INSURANCE COMPANY, INC. as part of its producer agency qualification procedure, may make a routine investigation concerning information on your character, general reputation, personal characteristics and mode of living. Information on the nature and scope of any such inquiry, if made, is available to you upon written request. I hereby authorize the Company to conduct any investigation deemed necessary to verify the answers to the questions on this Application.

I understand this "Application for Producer Contract" will become an integral part of my Producer Agreement, if such is issued. If my Application is accepted, I agree to comply with all the rules and regulations of the Company. I understand that falsification of any answer to a question on this Application is grounds for cancellation of my contract.

The Violent Crime Control and law Enforcement Act of 1994 Title 18 U.S. C.A. Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

 Name DOB Signature

- Please include the following items with your application:
- Recent experience/loss ratio reports from your non-standard companies.
 - Copies of all Agency licenses.
 - Copy of errors and omission declaration page.
 - Copy of W-9 Form
 - For agency sweep, provide voided check.