



American Freedom Insurance Company
 1699 Wall Street #600
 Mount Prospect, IL 60056
 Fax # 847-758-9685

APPLICATION FOR PRODUCER CONTRACT

Email to: marketing@americanfreedomins.com

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

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.)? _____	IVANS Downloads <input type="checkbox"/> Yes <input type="checkbox"/> No
Company(s) Name _____	Use Company reports? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comparative Rating Company 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	\$				

