## American Freedom Insurance Company 1699 Wall Street #600 Mount Prospect, IL. 60056

## APPLICATION FOR PRODUCER CONTRACT

Email to: marketing@americanfreedomins.com

Fax # 847-758-9	685					1	Produ	cer Code #				
IDENTIFICATION AND HISTORY										Date		
Name of Agency as Licensed												
Phone #:		E-Mail Address: Website:										
Street Address City					State Zip Code County							
Mailing Address City					State Zip Code County							
Location of your AgencyIn your own building					In a shopping center An office at your r							
	In an offi				round flo					her		
Agency Manager	# of Offices Office Hours		ours # of Employee		nployees	es Agent's Association:			Own □ Rent □			
								Active: Yes □ No □				
How did you hear about Compa						•			Years in	Business	?	
Does agency upload electronica	ally to Company?	□ Yes □	No If	If yes% Agency Management System used?								
If yes, what (New Business, En	dorsements, etc.)	)?				IVANS Downloads				☐ Yes ☐ No		
Company(s) Name	10	t					ompar	ny reports?		□ Yes □ No		
Comparative Rating Company used?  Brief history of agency – date started, successions, etc.												
AGENCY PERSONNEL												
•	NAME First			Bin		Birth		License		ial Security	7	No. Years in Agency
Last	Middle		Da	ite	Place		Yes/No		Number		rigency	
				+								
			AGENC	V INFO	RMATI	ION						
	Year	Property and Casual		11110			Breal	kdown of Curre	nt Annual I	Premium		
Total Agency Volume by					(	Commer	mercial Std. Auto			Nonstd. Auto Other/Personal		
year for three (3) prior years												
					_							
Non Standard Auto Co.'s		Annual Auto Volum	ne Loss Ratio		(	Commissi		Marketing Rep				ear of Appt
1.		\$										
2.		\$			_							
3.		\$										
4.       5.	\$		-									
6.	\$		$\dashv$									
7.	\$		+									
8.	\$											
9.	\$											
10.	\$											
Total Nonstandard		\$										
Standard Auto/ Commercial/Other		Annual Auto Volume Los		ss Ratio Comn		Commiss	ission Marketing Rep					ear of Appt
1.		\$										
2.		\$										
3.		\$										
4.		\$										
Total		\$										

What are the primary ethnic groups that buy insurance from you? (for language and promotional purposes)  1)												
What are the top three variables you consider when submitting applications to a particular company?												
1)												
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? 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 insurance (i.e. premium finance, travel agency, multi-services etc.) ☐ Yes ☐ No Please explain												
$\ \square$ 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.:												
Credit Card: Usa MasterCard Only used to preserve accounts when payments cannot be swept.												
$\square$ AGENCY BILL FINANCIAL AND CREDIT INFORMATION												
Where is your premium trust account maintained? Acct# (agency sweep) Routing # (agency sw	weep)											
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.  Copy of errors and omission declaration page.  Copy of W-9 Form												

Q07/2020