



PRODUCER APPLICATION

GENERAL INFORMATION:

PRODUCER OFFICE NAME: _____

(FIRM NAME AS LISTED ON LICENSE)

MAIN OFFICE BRANCH OFFICE

STATE OF DOMICILE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

WEBSITE: _____

OWNERSHIP: CORPORATION INDIVIDUAL

PARTNERSHIP OTHER: _____

FEIN/SSN: _____ W-9 ATTACHED (REQUIRED): YES NO

LICENSE NUMBER: _____

TYPE OF LICENSE: ADMITTED SURPLUS LINES

AFFILIATED CORPORATIONS, PARENTS, OR SUBSIDIARIES (attached separate page if necessary):

PRIMARY CONTACT NAME: _____

TELEPHONE: _____ E-MAIL: _____

BILLING CONTACT NAME: _____

TELEPHONE: _____ E-MAIL*: _____

* By providing this billing e-mail address you are agreeing to receive all bills and/or commission statements electronically.

BILLING PREFERENCE: AGENCY BILL

DIRECT BILL

DO YOU MAINTAIN A SEPARATE TRUST ACCOUNT FOR INSURANCE PREMIUMS? (**REQUIRED FOR AGENCY BILL**) YES NO

NAME OF BANK: _____

BANK REFERENCE: _____

CONTACT NAME: _____

TELEPHONE: _____ E-MAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DO YOU MAINTAIN FIDELITY/EMPLOYEE DISHONESTY COVERAGE WITH A MINIMUM LIMIT OF \$100,000? **(PLEASE PROVIDE A COPY)** YES NO

DO YOU MAINTAIN E&O COVERAGE WITH A MINIMUM LIMIT OF \$1,000,000 PER CLAIM AND AGGREGATE? YES NO
IF YES, IS COVERAGE PLACE WITH A CARRIER THAT HAS AN A.M. BEST RATING OF "A" OR BETTER? YES NO
(PLEASE PROVIDE A COPY)

LICENSING CONTACT NAME: _____
TELEPHONE: _____ E-MAIL: _____

CLAIMS CONTACT NAME: _____
TELEPHONE: _____ E-MAIL: _____

BACKGROUND:

YEAR ESTABLISHED: _____
HAS ANY PRINCIPAL OF THE FIRM BEEN EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, PLEASE EXPLAIN: _____

HAS ANY MEMBER OF YOUR FIRM (OFFICER, DIRECTOR, OR ANY EMPLOYEE) RECEIVED ANY DISCIPLINARY ACTION BY A STATE INSURANCE DEPARTMENT OR OTHER REGULATORY AGENCY? YES NO
IF YES, PLEASE EXPLAIN: _____

ADDITIONAL BRANCH OFFICES:

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH BRANCH OFFICE

PREMIUM INFORMATION:

LIST TOTAL PREMIUM PRODUCED FOR THE LAST THREE YEARS:
(YEAR/PREMIUM)

_____/_____
_____/_____
_____/_____

HOW MUCH OF THIS PREMIUM IS DERIVED FROM PERSONAL LINES? _____
HOW MUCH OF THIS PREMIUM IS DERIVED FROM HOMEOWNERS? _____
ESTIMATED FIRST YEAR PREMIUM TO BE PLACED WITH SAVVI? _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application") are true and complete and do not misrepresent, misstate or omit any material facts and, that any intentional misrepresentation, misstatement or omission of any material fact required on this Application will be a cause for refusal or revocation of the right to represent Savvi Insurance Group, Inc. A copy of this authorization is as valid as the original.

The applicant agrees to notify Savvi Insurance Group, Inc. of any material changes in the answers to the questions on this application which may arise, prior to the effective date of any agreement pursuant to this Application and the Applicant understands that any outstanding agreements may be modified or withdrawn based upon changes at the sole discretion of Savvi Insurance Group, Inc.

Your signature below acknowledges your understanding of this procedure.

APPLICATION COMPLETED BY:

NAME (PLEASE PRINT): _____

TITLE: _____

SIGNATURE: _____

DATE: _____

