

AGENT / BROKER APPOINTMENT APPLICATION

Date: _____ Agency Tax ID #: _____
 Registered Company Name: _____
 Address: _____
 Telephone: _____ Fax: _____ Website: _____
 Principals: _____ Date Established: _____ (mm/dd/yyyy)
 History of Brokerage: _____

KEY PERSONNEL (please list all key personnel)

Name	Position	Years Insurance Experience	Email

LICENSING

What licenses do you currently hold (please indicate below):

State	License #	License Type	Line of Business/Authority

NOTE: Please attach copies of all current licenses for your firm.

Has any license been suspended or terminated, or have you been fined by any State Insurance Department within the past 10 years? Yes No

If yes, explain in detail: _____

Please list your top five markets:

	Annual Premium	Year Appointed
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

ERRORS & OMISSION COVERAGE

Insurer: _____ Policy #: _____ Limit: _____

Expiry Date: _____ Deductible: _____

Have you had any E&O claims in the last 5 years? Yes No

If Yes, please list all: _____

Has your firm been a party to any lawsuits in the last 5 years? Yes No

If Yes, please explain in detail: _____

NOTE: Please attach a copy of your E&O Certificate or proof of coverage.

Has any employee, or the firm been reprimanded by an Insurance Commissioner in the past 5 years? Yes No

If Yes, please explain: _____

Do you have and use a trust account for insurance premium funds? Yes No

Certification – Crime Declaration

The undersigned hereby certifies that the Agent/Broker/Firm named below is in compliance with the Violent Crime Control and Law Enforcement Act of 1994 and that to the best of my knowledge; no employee of the Company engaged in the business of insurance has been convicted of a felony crime involving dishonesty or a breach of trust. The undersigned further certifies that should there be a change in the information above, Premier Group of Companies will be notified in writing immediately of the Agent/Broker/Firm receiving notice of such conviction. By my signature below I affirm that I am an owner/officer/or principal of this firm and I am authorized to disclose the information contained in this declaration and that the information given is accurate and complete.

Signature: _____ Print Name: _____

Title: _____

On behalf of: _____ (Name of Agent / Broker Firm)

On this date: _____ Address: _____

Electronic data transmission acknowledgement

It is understood that Premier will transmit all policy documents, statements of account, notices, and product information bulletins to your designated staff by email. Please provide appropriate email contacts below:

- Accounting statements: _____
- Policy documents: _____
- Information bulletins (if left blank, will be distributed to key personnel team and/or president listed in this application):

By my signature below I affirm that I am an owner/officer/or principal of this firm and I am authorized to disclose the information contained in this application for appointment, and that the information is accurate and complete.

Signature: _____ Print Name: _____
 Title: _____
 On behalf of: _____ (Name of Agent / Broker Firm)
 On this date: _____ Address: _____

Forms to be returned 30 days after receipt as follows:

By Mail:

Premier Marine Insurance (USA) Inc.
 11440 West Bernardo Court, Suite 300
 San Diego, CA 92127

By Fax:

To: Premier Marine Insurance (USA) Inc.
 (800) 522-4461

By email: liz.robertson@premiermarineusa.com please scan and attach in pdf format

INTERNAL OFFICE USE	
Recd and Reviewed by: _____	(Print Name)
Title: _____	
Signature: _____	Date: _____
Recd and Reviewed by: _____	(Print Name)
Title: _____	
Signature: _____	Date: _____
Agent ID #: _____	