

Underwriters & Key Personnel -- Attach Resumes

Name	Line of Business	Years of Experience	Professional Designations

Insurance Carrier References (May be Managers, Underwriters, or marketing Personnel)

Company	Name of Reference	Position	Telephone #

Agency Operations

Has your agency/brokerage ever had your license suspended, revoked
Or otherwise restricted by the Department of Insurance of ANY state:

YES

NO

Have any of the principals, partners, officers, directors, or employees
in your agency/brokerage ever been convicted in any state, federal,
Commonwealth, or territorial jurisdiction of felony crimes involving,
dishonesty or breach of trust, or any violation of Title 18 U.S.C. § 1033?

YES

NO

If YES, please explain: _____

In what states are you licensed to do business: _____

List any branch offices and their functions: _____

Property and Casualty Licenses

Name as Shown on License	Type of License	License Number	State	S.S. #

What territories do you desire? _____

Does your Agency operate primarily as a binding authority agency, brokerage firm or retailer? _____

_____% binding _____% brokerage _____% retail

Number of sub-producers with whom you work: _____

Typical size of sub-producers \$ _____ Typical volume per sub-producer to your agency \$ _____

Briefly describe your claims handling procedures: _____

Marketing/Business Plans

Do you have a formal marketing/business plan? Yes No (if yes, please attach copy)

Is your Agency automated? Yes No (if yes, indicate below)

Automated functions: Accounting Claims Rating Administrative Marketing

What hardware do you have? _____

What software do you have? _____

What are your service standards for quoting? _____

What are your service standards bond issuance? _____

What are your service standards endorsement/rider processing? _____

What are your backlogs? _____

Do you have dedicated IT personnel? Any data transfers with existing companies? _____

Do you have a perpetuation plan? Please describe: _____

Financial

Business Account---Bank name _____ Phone (____) _____

Address _____ Contact Person _____

Premium Trust Account --- Bank name _____ Phone (____) _____

Address _____ Contact Person _____

Central Account Office, Contact person _____

What account method do you use? Billed Account current Automated Manual

What financial criteria is required of sub-producers? _____

What are the payment terms for sub-producers? _____

Do you require sub-producers to sign a business contract? Yes No (if yes, please attach)

With which company do you carry E & O insurance? _____

_____ Policy Period _____ Limits _____ Deductible _____ SIR
(Please attached copy of your declarations page)

Has any officer, partner, or associate of the firm been subject to any disciplinary action by a state insurance department or regulatory authority? Yes No (if yes, explain) _____

Has the Agency ever been sued as a result of official acts performed? Yes No If yes, explain) _____

(Please attach copy of latest financial statement.)

The Companies in Your Agency

Please list all the binding authority contract companies you represent.

Do your other companies have web-based manuals? _____

Binding authority premium volume last year _____

Other ___% _____% Surety

Estimated binding authority premium volume for current year _____

Other _____% _____% Surety

Please list all the brokerage companies you represent _____

Brokerage premium volume last year _____

Other _____% _____% Surety

Estimated brokerage premium volume for current year _____

Other _____% _____% Surety

Describe the scope of your existing binding authority (lines, limits, classes) _____

Total premium volume last year _____

Other _____% _____% Surety

Estimated total premium volume for current year _____

Other _____% _____% Surety

What Advantage would an ICNA Re Contact provide your? _____

What is the estimated premium volume you will place with ICNA? Year 1 \$ _____

From where will the volume come? Year 2 \$ _____

\$ _____ New Business Year 3 \$ _____

\$ _____ Transfer from current company

\$ _____ Transfer from terminated company

\$ _____ Other

Have any companies been added or terminated in the last three years? Yes No (if yes, see below)

Name	Added or Terminated	Date	Reason

Please show the figures for your Agency's five largest binding authority contract companies and two largest brokerage companies on the chart on the following page.

I certify that the information in this application is true and correct. I authorize ICNA Re to verify the information provided.

SIGNATURES REQUIRED

Principal: _____

Signature: _____

Title: _____

Date: _____

Principal: _____

Signature: _____

Title: _____

Date: _____

Principal: _____

Signature: _____

Title: _____

Date: _____

**PLEASE BE SURE TO ATTACH A COPY OF YOUR AGENT'S LICENSE (*) & CURRENT E&O
COVERAGE DEC SHEET TO THIS APPLICATION BEFORE SENDING TO ICNA RE.**

* All states require **Resident** Agency License except: FL, IA, TN, VT, and WI

** All states require **Non-Resident** Agency License except: FL, IA, TN, VT, and WI

Companies in Your Agency

COMPANY	YEAR	BAILBOND			OTHER SURETY		
		VOLUME	COM. RATE	LOSS RATIO	VOLUME	COM. RATE	LOSS RATIO
BINDING COS. 1.	Current						
	1st Prior						
	2nd Prior						
2.	Current						
	1st Prior						
	2nd Prior						
3.	Current						
	1st Prior						
	2nd Prior						
4.	Current						
	1st Prior						
	2nd Prior						
BROKERAGE COS. 1.	Current						
	1st Prior						
	2nd Prior						
2.	Current						
	1st Prior						
	2nd Prior						

Were there any shock losses which affected the loss ratios show above?

YES

NO

If YES, Please explain: _____