



General Information

Legal Name of Producer/Agency:					
DBA Name (if applicable):					
Mailing Address:					
City:		State:		Zip:	
Physical Address:					
City:		State:		Zip:	
Phone:		Website:			
Years in Business:			No. of Locations:		
Agency Mgmt System Used:			Number of Employees:		
List all Professional Affiliations of which Agency is a member:					
Any affiliation or ownership interest in any other agency or agencies?				If Yes, attach an explanation	
Business Type:		<input type="checkbox"/> Individual/Sole Proprietor or single member LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Other <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership			
Federal Employer Identification Number (FEIN):					

Ownership and Background

Owner Name:		% of Equity Owned	
Title	Contact Names	Contact Number	Email Address
Principal			
Underwriting			
Claims			
Accounting			
Marketing			
Any Agency Owners/Officers ever convicted of a felony or a breach of fiduciary duty?		If Yes, attach an explanation	
Any Agency Owners/Officers ever have a suspended or revoked license?		If Yes, attach an explanation	
Bankruptcy?		Debt Collections?	



Licensing and Insurance

Agency License No. with DOI in home state:			
Top Five Licensed Producers within Agency:			
Name	Title	License No.	
Agency E&O Insurer:		Policy No:	
Expiration Date:		Limits:	

Premium and Production

Annual P&C Premium:	\$ -	Surplus Lines Premium:	\$ -	
Top Three Carriers by Premium Volume:				
Carrier	Type of Commercial Business:	Annual Premium (appx):		
		\$ -		
		\$ -		
		\$ -		
Largest Business Segments by Line:				
Line of Business:	Premium:	Comm %:	Loss Ratio %:	Direct Appt (Y/N):
Personal Lines	\$ -	%	%	
Commercial Lines	\$ -	%	%	
Benefits and Other	\$ -	%	%	

By my signature below, I certify that the information submitted on this application is true and accurate to the best of my knowledge. Further, I understand that by completing this application it does not obligate ANCR or its affiliated entities to approve and appoint my agency or any affiliated agencies as agent or broker for ANCR. Additionally, as a condition of approval, ANCR may decide, at its own cost and discretion, to conduct an investigation into the financial position, credit standing, professionalism and reputation of the agency and its principal(s). Consent is hereby given to such an investigation and all information obtained as a result will remain confidential under the appropriate federal and state laws.

Signature

Date

Printed Name, Title

Please complete the **Producer Application** and email to **info@ancrins.com**. Please include a completed **W9 Form**, a copy of your agency's **license** and a copy of the agency's **E&O declaration page**.