



**NEW PRODUCER APPLICATION**

General Information		
Name of Producer (as listed on license):		
Street Address:		
City:	State	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code
Telephone :	Fax:	
Web Address:		
Ownership ( ) Individual ( ) Partnership ( ) Corporation ( ) Other _____		
FEIN/ SSN:		
Other Affiliated corporations, parents, subsidiaries:		
Name of principal contact at Producer for FinSecure: _____		
Phone Number: _____; E-mail address: _____		
Billing preference: ( ) Agency Bill ( ) Direct bill of insured by FinSecure		
Does Producer maintain a separate trust account for insurance premiums? ( ) Yes ( ) No <b>(Required for agency bill)</b>		
Name of Bank: _____		
Bank reference: _____		
Contact Name: _____		
Contact Phone: _____		
Street Address: _____		
City, State, Zip: _____		
BACKGROUND		
Year Agency Established:		
In the past five years, has the agency acquired or merged with another firm, or has the firm changed names? Yes ( )_ No ( ) If Yes, please explain:		
Are there any pending or threatened litigation or judgments against any of the principals within the last five years? Yes ( ) No ( ) If yes, please explain.		
Has any principal of the firm 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.

**List all Branch Offices, locations, and general operations:**

Street: City: State: Zip: General Operations:	Street: City: State: Zip: General Operations:	Street: City: State: Zip: General Operations:
Street: City: State: Zip: General Operations:	Street: City: State: Zip: General Operations:	Street: City: State: Zip: General Operations:
Street: City: State: Zip: General Operations:	Street: City: State: Zip: General Operations:	Street: City: State: Zip: General Operations:

State of Domicile: \_\_\_\_\_

**PREMIUM INFORMATION**

List total produced premium volumes from the last 3 years:

Year/Premium

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

How much of this premium is derived from Financial Institutions?

List estimated first year's premium with FinSecure

**INSURANCE**

Do you maintain fidelity/employee dishonesty coverage of a minimum of \$100,000? **(Required for Agency bill)**

Yes ( ) No ( )

If yes please attach certificate.

Do you maintain E&O coverage with a minimum of \$1,000,000 per claim and aggregate, placed with a carrier with an A.M. Best Rating of A or better? Yes ( ) No ( )

If yes, please attach certificate.

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 FinSecure, LLC. A copy of this authorization is as valid as the original.

The applicant agrees to notify FinSecure, LLC 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 FinSecure, LLC.

Your signature below acknowledges your understanding of this procedure.

Application completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_



**APPENDIX A**

**Producer License Information**

<b>Producer (Firm)</b>	<b>FEIN#</b>	<b>Type of License (admitted or surplus lines)</b>	<b>State</b>	<b>License Number</b>

**Individual License Information**

<b>Last Name, First Name</b>	<b>Type of License (lines of business)</b>	<b>License Number</b>



## APPENDIX B

### Investigative Report Release

*Must be completed by ALL principals of the firm and the Head of Underwriting (if applicable) for the firm*

- a) **I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history or criminal/civil/driving record history. I fully give my consent to and understand that FinSecure, LLC and/or an independent information services vendor may be requesting information from public and private sources about any of the information noted earlier in this paragraph.**
- b) **IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal American with Disabilities Act (ADA) and/or any other applicable state laws. According to the FAIR CREDIT REPORTING ACT (FCRA, Public Law 91-508, Title VI) which was revised effective September 30, 1997, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name of the agency providing that report.**
- c) **I acknowledge that a facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.**
- d) **Minnesota/California applicants only: If you want a copy of the ordered report, check this box . The report will be sent by the consumer reporting agency to you at the address listed below your signature.**
- e) **I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by the information services vendor, to furnish the information described in Section a.**

