



**SOUTHERN
UNITED**

Marketing Department

P.O. Box 190429 • Mobile, AL 36619 • 1-800-677-7834 • Fax: 877-511-5222

AGENCY PROFILE

Producer Code: _____ PIN #: _____
Territory Sales Manager: _____

- Sole Proprietor
- Partnership
- LLC
- Corporation

Agency Name _____ Founded _____ Federal Tax Id # _____

Agency Street Address _____ City _____ State _____ Zip _____

Agency Mailing Address _____ City _____ State _____ Zip _____

County _____ Telephone _____ Fax Number _____ E-mail Address _____

Agency Owners

Percentage Owned

1) _____ %

2) _____ %

3) _____ %

List any other offices and/or affiliated agencies: _____

AGENCY OWNERS PRINCIPAL AND ALL EMPLOYEES APPLYING TO WRITE WITH SOUTHERN UNITED

(Provide Copies of All Licenses)

Name _____ Home Phone _____ Date of Birth _____ Ins. License # _____ Social Security No _____ Yrs. w/Agency _____

Home Street Address _____ City _____ State _____ Zip _____

Name _____ Home Phone _____ Date of Birth _____ Ins. License # _____ Social Security No _____ Yrs. w/Agency _____

Home Street Address _____ City _____ State _____ Zip _____

Name _____ Home Phone _____ Date of Birth _____ Ins. License # _____ Social Security No _____ Yrs. w/Agency _____

Home Street Address _____ City _____ State _____ Zip _____

Contact Name(s): #1 _____ #2 _____ #3 _____

AGENTS MUST FILL OUT THIS SECTION IN ORDER TO BE APPOINTED

Does the Producer:

Have internet access Yes No Have upload capability Yes No Have a comparative rating program Yes No

If yes, list the comparative rating service(s) _____

What computer operating system does your office use? _____ Network? _____

Errors & Omissions Carrier(s) _____ Limits: _____

Attach Current Documentation Is it a "Claims Made Policy"? Yes No

Annual Gross Sales: _____ % of Non-Standard: _____

TOP 4 COMPANIES REPRESENTED (Non-Standard Auto)

| Company Name | No of Auto Apps | Date Appt (Mo/Yr) | Written Premium | Loss Ratio (If Avail.) |
|--------------|-----------------|----------------------|-----------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Provide documentation of Loss Ratio for companies: #1 _____ **#2** _____

How many Non-standard auto companies do you represent? _____ Prior year non-standard premium volume \$ _____

How many non-standard policies do you write per year? _____ How many standard policies per year? _____

Of non-standard companies you represent, how many credit score? _____

Do your product lines include: Motorcycle Yes No Small Commercial Yes No

Has any individual Listed Below: *If yes, attach details*

EVER been charged with **OR** convicted of a felony **OR** misdemeanor? If yes, attach copy of court records, and if convicted, a copy of pardon, IF ANY, restoring your rights Yes No

EVER held an appointment with Southern United? Yes No

EVER had an application for an insurance license denied by any insurance department? Yes No

EVER had an insurance license suspended or revoked by any insurance department **OR** had a complaint issued against you by any insurance department? Yes No

Had any outstanding judgments or liens (including state or federal tax liens) against you **OR** have you ever declared bankruptcy? .. Yes No

Or Insurer, or insured, or other person claim any indebtedness of you as a result of any insurance transaction or business? Yes No

Had your contract/ appointment **EVER** been terminated involuntarily by an insurer for "cause"? Yes No

I, the named applicant, under the penalty or perjury as set out in the Alabama Criminal Code, hereby swear or affirm that I have READ AND UNDERSTAND EVERY QUESTION in this application, and that my answers and responses to the questions and inquiries contained in this application are true and correct and complete.

I authorize a routing inquiry, which will provide applicable information concerning credit, character and general reputation. This inquiry may include both a credit history and/ or a background check.

ALL OWNERS' AND LICENSED AGENT SIGNATURES ARE REQUIRED

(use additional page if necessary)

Authorized Signature: _____ Date: _____

(Print or type name) _____

Authorized Signature: _____ Date: _____

(Print or type name) _____

Authorized Signature: _____ Date: _____

(Print or type name) _____