

UNIVERSAL RISK ADVISORS, INC.

Agency Appointment Application

AGENCY CODE _____

The Undersigned applies for appointment as a Producer and/or Agency and furnishes the following information:

Agency and/or Producer Name as licensed: _____

Assumed Business Name: _____ Recorded at: _____

Address: _____
(Street) (City) (County) (State) (Zip Code)

Telephone: () _____ Fax: () _____

Tax I.D. # Corporation _____ Partnership _____ Sole Proprietorship _____

Agency Established (year): _____ Number of Employees: (a) clerical _____
(b) Professional _____

List all principals* (include title). If not active, state as such:

1. Name: _____ Age: _____ License# _____ Years Held _____

Title: _____ % of Ownership _____

2. Name: _____ Age: _____ License# _____ Years Held _____

Title: _____ % of Ownership _____

3. Name: _____ Age: _____ License# _____ Years Held _____

Title: _____ % of Ownership _____

*If more space is required, use additional sheet.

Does Agency accept brokerage business? _____ If yes Explain: _____

Gross annual premiums written Property and Casualty: \$ _____

Percentage mix of: Personal _____ and Commercial _____ lines.

Are there any criticisms of past business operation such as:

Suits or Insurance Dept. actions? _____ Bankruptcies? _____ Slow Pay? _____

Has any company terminated your agency or curtailed your volume or class of business in The last 3 years? _____ If yes, Explain: _____

What first year volume commitment has been agreed upon? _____

Who is your agency's present errors and omissions carrier? _____

Please provide the names of companies with whom you are contracted to write homeowners business. Include the 3 highest volume companies first and list the address of appropriate Branch, Regional or Home Office who handles your office.

1. Name of Company: _____ Location: _____

Written Premium _____ Loss Ratio: Current Year _____ 1st Prior _____ 2nd Prior _____

2. Name of Company: _____ Location: _____

Written Premium _____ Loss Ratio: Current Year _____ 1st Prior _____ 2nd Prior _____

3. Name of Company: _____ Location: _____

Written Premium _____ Loss Ratio: Current Year _____ 1st Prior _____ 2nd Prior _____

4. Name of Company: _____ Location: _____

Written Premium _____ Loss Ratio: Current Year _____ 1st Prior _____ 2nd Prior _____

Date: _____ Signature of Agency Owner or Officer _____

Field Representative's analysis and recommendations (subject to verification of information and final approval of the company) _____

Date: _____ Signature of Terminal Manager _____

NOTICE TO APPLICANT FOR EMPLOYMENT AS REQUIRED BY THE BY THE FAIR CREDIT REPORTING ACT

As a part of employment or agency contracting procedure, a routine report may be obtained by us to provide applicable information concerning your character, general reputation, personal characteristics and mode of living. Upon written request to the Agency Division, at the address above, further details will be provided as to the type of information which this kind of report seeks to develop.