

FAX COVERSHEET

TO: **Traders**
INSURANCE

FAX NUMBER: **816-817-1621**

FROM: _____

AGENCY NAME: _____

Date: _____

Pages: _____

PLEASE FIND ATTACHED:

- Agency Appointment Forms
- VIP Roadside Assistance Forms
- ACH form for sweep set up
 - Voided Check
- ACH form for commission account
 - Voided Deposit Slip
- Background form *(needed only for Agency Principal)*
- Agency License
- Individual Licenses
- E & O dec page
- Signed Traders Contract

Appointment Transfer Change Termination Additional Agency No.

MASTER AGENCY INFORMATION

Master Producer # _____

Agency Name: _____ Agency License # _____

Tax Name (as is appears on tax return): _____ Date Agency Established _____

Income Tax Return Form # 1040 1120 K7 FEIN or Social Security # _____

Sole Proprietor Partnership Corporation LLC

Former Agency Name: _____

Put "NA" if you've always had the same name

Put "same" if same as physical

Physical Address _____ Mailing Address _____

City/State _____ City/State _____

Zip _____ County _____ Zip _____ County _____

Business Phone _____ Business Fax _____

Name

Contact's E-Mail

Agency Contact: _____

Personal Lines Manager: _____

Agency Principal (s): (All persons having an ownership interest in agency; and any investors especially if not licensed insurance producers, agents or brokers)

Name:	_____	_____	_____
Address:	_____	_____	_____
City/State/Zip:	_____	_____	_____
Title:	_____	_____	_____
S. S. N.:	_____	_____	_____
Date of Birth:	_____	_____	_____
Year Licensed:	_____	_____	_____

Licensed In PC: Yes No Yes No Yes No

Active in Agency: Yes No Yes No Yes No

Agency or Individuals Licensed in the following states? Indiana Kansas Missouri Arkansas Oklahoma

Percentage of auto business from the following states: _____% _____% _____% _____% _____%

Within the last two years have there been:

A Change in Name? Yes No B Agency Cluster Arrangements? Yes No

C Changes in agency ownership? Yes No D Is this a new Agency? Yes No

E Individual License Terminations? Yes No

F Mergers w/or purchases of other agencies? Yes No

If you answered yes to any please attach an explanation

Do you own, own any interest, operate or have affiliation with any of the following:

- Claim Adjuster Service: Yes No Auto Dealership: Yes No
- Insurance Company: Yes No Auto Repair Facility: Yes No
- Auto Salvage Facility: Yes No Bank or Savings & Loans: Yes No
- Law Firm: Yes No

If yes, attach an explanation

AGENCY CARRIER INFORMATION

List top 3 Non Standard Auto Companies (in order of annual volume and attached 3 years loss ratio figures)

Company	Written Premium	Loss Ratio	SR-22 Authority
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or anyone in or affiliated with your agency been sued concerning any insurance related activity? Yes No

Have you or anyone in or affiliated with your agency had their license suspended or revoked? Yes No

If yes, please describe: _____

Does your agency use a rater? Yes No Does your agency use an agency management system? Yes No

Which rater do you use? _____ Which agency management system? _____

AGENCY BUSINESS PROFILE

MULTI-LINE AGENCY SPECIALTY LINE AGENCY

Non-Standard Auto Volume:	By Premium	App by Week	App by Month	App by Year:
	_____	_____	_____	_____

Percentage of Agency Lines of Business by Premium Volume:

Personal Lines	_____ %	Commercial Lines	_____ %
Auto Standard	_____ %	Commercial Auto	_____ %
Non-Standard	_____ %	Other Commercial Lines	_____ %
Other Personal Lines	_____ %		

PRODUCER'S (S) LICENSE INFORMATION

(You must attach a copy of the license)

Name _____
Home Address _____
City/State/Zip _____
Social Security Number _____
Date of Birth _____
License # _____

PRODUCER'S (S) LICENSE INFORMATION

(You must attach a copy of license)

Name _____
Home Address _____
City/State/Zip _____
Social Security Number _____
Date of Birth _____
License # _____

*** If you have additional producers please add them on the Addendum

Agency Principal: _____
Signature _____
Print Name _____

_____ Date

Thank you for completing the Traders Appointment Form. Page 3 is Optional

Please note: This form is only needed if you have additional staff or locations

ADDITIONAL LOCATION/STAFF ADDENDUM- **OPTIONAL**

ADDITIONAL LOCATION INFORMATION

of Additional Locations: _____

Are the Following Offices Under Direct Control of the Agency? Yes No

FEIN ID # (if different): _____

FEIN ID # (if different): _____

Agency Name _____
Address _____
City/State _____
Zip _____ County _____
Piggy Back to Master Producer # _____
Agency Volume _____
Agency Contact _____
Business Phone _____
Business Fax _____
Total # of Employees _____
Total Licensed _____

Agency Name _____
Address _____
City/State _____
Zip _____ County _____
Piggy Back to Master Producer # _____
Agency Volume _____
Agency Contact _____
Business Phone _____
Business Fax _____
Total # of Employees _____
Total Licensed _____

ADDITIONAL STAFF INFORMATION

PRODUCER'S (S) LICENSE INFORMATION

(You must attach a copy of the license)

Name _____
Home Address _____
City/State/Zip _____
Social Security Number _____
Date of Birth _____
License # _____

PRODUCER'S (S) LICENSE INFORMATION

(You must attach a copy of the license)

Name _____
Home Address _____
City/State/Zip _____
Social Security Number _____
Date of Birth _____
License # _____

Please list other employees, whether or not licensed in the space provided: _____

Do you have independent agents, not employed by your agency placing business through your agency? _____

If yes please provide detail: _____

PLEASE FAX COMPLETED FORMS ALONG WITH THE FOLLOWING:

- ACH form for sweep set up
- Voided Check
- Background form (In KS & MO only the Agency Principals need to complete)
- Agency License
- Individual Licenses (please put SS# and DOB on license)
- E & O dec page

FAX ALL TO 816-817-1621



TRADERS GENERAL AGENCY
Authorized Agreement for Automatic Withdrawals
(ACH Debits)

I hereby authorize Traders General Agency, (Traders Insurance Company Premium Trust Account) hereinafter called the Company, to initiate debit and credit entries to my

Checking Account Savings Account (please check one)

Indicated below at the depository (Bank or Savings & Loan, etc.) named below, hereinafter called Depository, for the purpose of collecting insurance premiums and fees deposited by me in that same such account. In the event of an over or under withdrawal to my account, I grant to the Company the right to make an adjusting entry to my account up to the amount of the adjustment.

Agency Number
Agency Name
Street
City/State/Zip

Bank Name
Bank Mailing Address
City/State/Zip
Bank Telephone Number
Bank Routing & Transit # (ABA)
My Account Number
My Account Name (legal business name)

Print Name
Signature
Authorization Date
Please include the date that you want the change to become effective. If there is no date entered, we assume it is the date that we received the form.

A COPY OF A VOIDED CHECK MUST BE ATTACHED TO THIS FORM

PLEASE FAX TO:
If this is a change form:
Attention- Alyssa Larson (918) 516-0403
If this is a new appointment:
Attention- Licensing (816) 817-1621



**TRADERS GENERAL AGENCY
DIRECT DEPOSIT COMMISSIONS ACCOUNT
 Authorized Agreement for Direct Deposit
 (ACH Credits)**

I hereby authorize Traders General Agency, (Traders General Agency Commission Account) hereinafter called the Company, to initiate debit and credit entries to my

Checking Account **Savings Account** *(please check one)*

Indicated below at the depository (Bank or Savings & Loan, etc.) named below, hereinafter called Depository, for the purpose of depositing commissions earned in that account. In the event of an over or under withdrawal to my account, I grant to the Company the right to make an adjusting entry to my account up to the amount of the adjustment.

Agency Number	
Agency Name	
Street	
City/State/Zip	

Bank Name	
Bank Mailing Address	
City/State/Zip	
Bank Telephone Number	
Bank Routing & Transit # <small>(ABA)</small>	
My Account Number	
My Account Name <small>(legal business name)</small>	

_____	_____
Print Name	Authorization Date

Signature	

Please include the date that you want the change to become effective. If there is no date entered, we assume it is the date that we received the form.

A COPY OF A DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM

PLEASE FAX TO:

If this is a change form:
 Attention- Alyssa Larson (918) 516-0403
 If this is a new appointment:
 Attention- Licensing (816) 817-1621



AUTHORIZATION For BACKGROUND INVESTIGATION

File Number (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker s compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver s License Number: _____ State of Issue: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

NOTICE TO CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS:

If you would like to receive a free copy of your background information obtained by A-Check America, please indicate by checking the following box: Yes (Please send me a copy of my Background Report)

Signature: _____ Date: _____ / _____ / _____