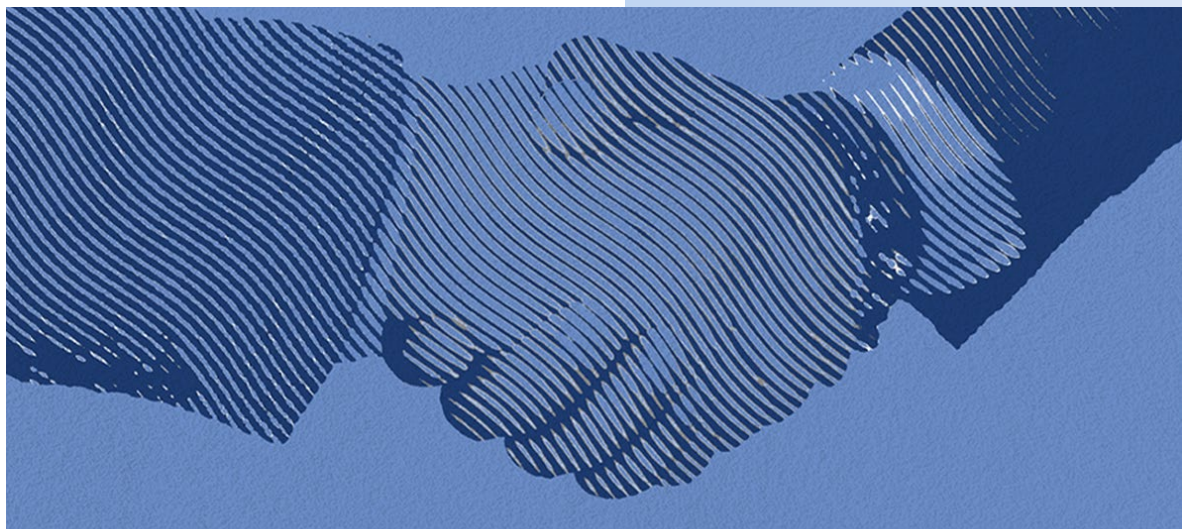


## WANT TO LEARN MORE?

IF YOU ARE INTERESTED IN REPRESENTING TRADERS INSURANCE BUT DON'T WANT TO COMPLETE THE ENTIRE APPLICATION FOR APPOINTMENT, JUST FILL OUT THIS PAGE AND SEND TO:

[marketing@tradersauto.com](mailto:marketing@tradersauto.com)

**Traders**  
INSURANCE



**AGENCY NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Best person to contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## WHY TRADERS?

### COMPETITIVE RATES

Easy to place your customers with Traders regardless of poor credit or bad driving records!

### GREAT DISCOUNTS

Excellent rates for good credit, prior insurance, and auto pay!

### ONE-MONTH DOWN PAYMENTS

And Traders allows reinstatements up to 45 days after the lapse date!

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 _____

Agency Contact: _____	<u>Name</u> _____	<u>Contact's E-Mail</u> _____
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:**      Indiana      Kansas      Missouri      Arkansas      Oklahoma      Wisconsin  
**Percentage of auto business in each state:**      \_\_\_\_\_%      \_\_\_\_\_%      \_\_\_\_\_%      \_\_\_\_\_%      \_\_\_\_\_%      \_\_\_\_\_%

**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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Auto Dealership:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Company:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Auto Repair Facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto Salvage Facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bank or Savings & Loans:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Law Firm:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If Yes, please attach a description of the business.

**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: \_\_\_\_\_

Agency Rater Yes  No   
Which rater do you use? \_\_\_\_\_

Any use of an agency management system?  Yes  No  
Which agency management system? \_\_\_\_\_

IVANS "Y" Account & Mailbox ID: \_\_\_\_\_

**AGENCY BUSINESS PROFILE**

**MULTI-LINE AGENCY**     **SPECIALTY LINE AGENCY**

	By Premium	App by Week	App by Month	App by Year:
<b>Non-Standard Auto Volume:</b>	_____	_____	_____	_____

**Percentage of Agency Lines of Business by Premium Volume:**

<b>Personal Lines Auto</b>	_____ %	<b>Commercial Lines</b>	_____ %
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

Date

Print Name

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

## TRADERS GENERAL AGENCY AGENCY APPOINTMENT/CHANGE FORM

Date: \_\_\_\_\_

*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 \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Piggy Back to Master Producer # \_\_\_\_\_

Piggy Back to Master Producer # \_\_\_\_\_

Agency Volume \_\_\_\_\_

Agency Volume \_\_\_\_\_

Agency Contact \_\_\_\_\_

Agency Contact \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Business Fax \_\_\_\_\_

Total # of Employees \_\_\_\_\_

Total # of Employees \_\_\_\_\_

Total Licensed \_\_\_\_\_

Total Licensed \_\_\_\_\_

#### ADDITIONAL STAFF INFORMATION

##### PRODUCER'S LICENSE INFORMATION

*(You must attach a copy of license)*

Name \_\_\_\_\_

##### PRODUCER'S LICENSE INFORMATION

*(You must attach a copy of license)*

Name \_\_\_\_\_

HomeAddress \_\_\_\_\_

HomeAddress \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

License # \_\_\_\_\_

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 PROVIDE 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

**EMAIL ALL DOCUMENTS TO: [marketing@tradersauto.com](mailto:marketing@tradersauto.com)**



**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	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 VOIDED CHECK MUST BE ATTACHED TO THIS FORM**

**PLEASE SEND TO:**  
 If this is a change form:  
 Fax Attention- Alyssa Larson (918) 516-0403  
 If this is a new appointment:  
 marketing@tradersauto.com



**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 # (ABA)	
My Account Number	
My Account Name (legal business name)	

_____	_____
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 SEND TO:**  
 If this is a change form:  
 Fax Attention- Alyssa Larson (918) 516-0403  
 If this is a new appointment:  
 marketing@tradersauto.com



## BACKGROUND CHECK AUTHORIZATION

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Agency Name**

\_\_\_\_\_

**Agency Code**

\_\_\_\_\_

**Agency Location**

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Traders Insurance Company at any time after receipt of this authorization and throughout my employment, if applicable.

To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by A-Check Global, 1501 Research Park Drive, Riverside, CA, 92507, 877-345-2021, www.acheckglobal.com, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Do you have any convictions, guilty pleas, pleas of no contest, or pending charges for criminal offenses, including but not limited to, non-expunged felonies and misdemeanors which occurred within the past [7] years or resulted in a prison release or parole period that extended into the last seven [7] years?** \_\_\_\_\_ **YES / NO**

SIGNATURE:

\_\_\_\_\_

**First Name Middle Name Last Name Suffix**

\_\_\_\_\_

**State & License Number  
or NPN**

It is very important to provide a valid email address. A link will be emailed to you by a third party vendor, contracted by Traders Insurance to complete your background check. (If required)

\_\_\_\_\_

**Email Address**

