

Application for Brokerage Agreement

Since 1978, RMIS has been providing quality insurance products to the Retail Marketplace. Today, we are national MGA/Wholesaler with nearly 4,000 independent producers associated with us.

1. Agency Information

Name (including DBA): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Fax: _____ Website: _____
 Years in Business: _____ Years under current Management: _____

2. Organization Type

Proprietorship ___ Partnership ___ C – Corp ___ S – Corp ___ LLC ___
 (Use additional sheets if necessary.)

	Owner #1	Owner #2	Owner #3
Name			
% Ownership			
Home Address			
City, State, Zip			
Date of Birth			
SSN#			
Insurance Producer #			
Producer Exp. Date			

Has the agency or any of its owners filed for bankruptcy? _____

3. Producer Information

(Use additional sheets if necessary.)

	Producer #1	Producer #2	Producer #3
Name			
Producer License #			
License Exp. Date			
Years with Agency			

4. Licenses, FEIN, Insurance

FEIN or Federal Tax ID # _____ Business Entity License # _____

Errors and Omission Insurance:

Carrier Name: _____ Limits: _____

Expiration Date: _____

Insurance Producer's Bond:

Carrier Name: _____ Bond # _____

Bond Amount \$ _____

(In Illinois, your bond must be equal to 5% of the premiums brokered with markets you do not represent as an agent.)

5. Current Insurance Business

- What was last year's total premium volume for the agency? \$ _____
- What is this year's projected premium volume for the agency? \$ _____
- What percent of your business is Personal Lines _____ Comm Lines _____ Other _____?
- On average, how many times per month do you receive a request to quote the following?

Personal Auto Standard _____ Comm Property _____

Personal Auto Non Standard _____ Business Owners _____

Personal Umbrellas _____ Worker's Comp _____

Homeowners _____ General Liability _____

Other (Describe) _____

Commercial Lines

(Use additional sheets if necessary.)

Carrier	Line of Business	Annual Volume	% Comm	Loss Ratio	Monthly App Count

7. Additional Information

As part of the process, the following MUST be received along with this application:

- Δ A copy of the Current Producer’s License for all producers, preferably for all states licensed.
- Δ A copy of the current Business Entity/Agency License.
- Δ A copy of the current Errors and Omissions (E&O) Policy Declaration Page
- Δ A Copy of the Agency’s current Surety Bond
- Δ A Completed W 9 form
- Δ Signed Authorization allowing RMIS to sweep monies from the Premium Finance Account.

Please remit the above items (including application) to prodapp@rmismga.com. Once we receive, we will promptly process your application and provide you with your producer access number.

The undersigned executes this application in the name of the agency/corporation and authorizes Robert Moreno Insurance Services (“RMIS”) or any of its agents to conduct a credit check/background investigation and declares that all facts stated are true and correct. The application, if accepted by RMIS, shall be NULL and VOID and of no benefit or effect whatsoever as to any written premiums or commissions procured heretofore in the event that the attestations or statements in this application shall prove to be false or fraudulent in nature. It is understood that a copy of this application shall be attached to and form a part of the brokerage agreement, if or when issued, and that it is intended that RMIS shall rely on the contents of this application in issuing any brokerage agreement. It is further understood that RMIS retains sole discretion whether to accept said application and issue a brokerage agreement, and the mere act of completing said application in no way insures or guarantees that the application will be accepted by RMIS.

Printed Name of Owner/Principal

Signature of Owner/Principal

Date

FAIR CREDIT REPORTING ACT – Public law 91-508 requires that we advise you that routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A Section 1033 and Section 1034 makes it a federal offense for any individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.