

# PRODUCER APPLICATION



- Attach copies of agency licenses from states where applicant will write business with Mattei.
- Attach copy of E&O dec page.
- Attach W-9 form.

Who is your contact at Mattei? \_\_\_\_\_ Date: \_\_\_\_\_

Agency contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
(list additional contacts on page 4)

Legal Name of Agency (Parent Co & DBA) \_\_\_\_\_

PO Box: \_\_\_\_\_ Zip: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (800): \_\_\_\_\_ Fax \_\_\_\_\_

General EMail (for newsletters) \_\_\_\_\_ Website \_\_\_\_\_

Year Agency Established \_\_\_\_\_ State of Incorporation \_\_\_\_\_ FEIN: \_\_\_\_\_

Corporation : If checked, closely held  or public  Partnership  Sole Proprietorship

Have there been any of the following in the last 5 years?

- |                         |  |                            |  |
|-------------------------|--|----------------------------|--|
| Agency name change      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Merger with another agency | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agency ownership change | <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchase of another agency | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes to any of the above, please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the agency have other locations?  Yes  No

*If yes, please explain below or attach address list and explain ownership structure.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Volume (commercial): \_\_\_\_\_ % Agency Split (commercial/personal): \$ \_\_\_\_\_

For which Mattei program(s) is agency seeking an appointment? \_\_\_\_\_

Why: \_\_\_\_\_

Agency volume in specific program: \$ \_\_\_\_\_ premium.

How do you see Mattei fitting into your business plan? \_\_\_\_\_

List memberships in professional and/or insurance agents associations: \_\_\_\_\_

**Principal Companies (Last Fiscal Period)**

Name	Commercial Volume	Loss Ratio	Date of Appointment

Please attach company production and loss information (3 years) for principal companies representing a minimum of 75% of the commercial volume (must include at least 3 companies.) Application will not be processed without this information.

Has your agency ever been suspended for late account payments?  Yes  No

If yes, explain: \_\_\_\_\_

Does agency broker business for other agencies?  Yes  No

If yes, explain: \_\_\_\_\_

Does agency have a monoline Workers' Compensation carrier?  Yes  No

Does agency have a monoline Umbrella carrier?  Yes  No

Please review your current business and new prospects to complete the Submission Plan grid below. Then answer the questions blow grid for how you plan to achieve plan results.

# Submissions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Alaska Commercial</b>													
Notes:													
# Submissions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Agribusiness</b>													
Notes:													
# Submissions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Forest Products</b>													
Notes:													
# Submissions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Moving &amp; Storage</b>													
Notes:													
# Submissions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Waste Systems</b>													
Notes:													
# Submissions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Wholesale/Retail Distributors</b>													
Notes:													
<b>Total By Month</b>													

What additional resources does agency have to make plan a reality? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of producers and prospecting territory to realize plan? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Key Personnel Contact List

**Marketing Representative:** \_\_\_\_\_ Direct phone/ext: \_\_\_\_\_

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

**Principals/President/CEO:** \_\_\_\_\_ Direct phone/ext: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_ Direct phone/ext: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_ Direct phone/ext: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Producers/Account Reps:** \_\_\_\_\_ Direct phone/ext: \_\_\_\_\_  
(Commercial)

Title: \_\_\_\_\_

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

\_\_\_\_\_ Direct phone/ext: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_ Direct phone/ext: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_ Direct phone/ext: \_\_\_\_\_

Title: \_\_\_\_\_

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