

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
1.			
2.			
3.			
4.			
5.			

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

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: _____