

**Formal Agency Application**

Prepared by: \_\_\_\_\_

Preparer's phone number: \_\_\_\_\_

Preparer's email: \_\_\_\_\_



I agree to provide accurate Information.

All information heretofore, herein or hereafter supplied to the Vesuvius Group Inc. by or on behalf of the applicant with respect to the information requested is and will be accurate and complete in all material respects.

Signature: \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain:

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

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Agency

Legal Agency Name: \_\_\_\_\_ Business Structure: \_\_\_\_\_

Trade Name (if differs from Legal Name): \_\_\_\_\_

Tax ID: \_\_\_\_\_

Office Address: \_\_\_\_\_ Other Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Office Phone Number: \_\_\_\_\_ Years in business: \_\_\_\_\_

General Service E-Mail: \_\_\_\_\_ Agency Automation System: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

## Agency Affiliations with any Cluster or Group

Affiliates Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Agency Details

Agency Owner Name: \_\_\_\_\_  
\_\_\_\_\_

Main Office Number: \_\_\_\_\_

Agency Owner Mobile Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

### Additional Agency Owners

---

Agency Owner Name: \_\_\_\_\_

Main Office Number: \_\_\_\_\_

Agency Owner Mobile Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Agency Owner Name: \_\_\_\_\_

Main Office Number: \_\_\_\_\_

Agency Owner Mobile Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Total Number of Employees: \_\_\_\_\_

Total Number of Producers: \_\_\_\_\_

Total Number of CSR's: \_\_\_\_\_

\*Please upload all active licenses or Entity, Principles, Agents, Producers & Support Staff.

Does your agency hold a nonresident license?

Has any officer or owner ever been arrested for any DWI/DWAI or any alcohol related driving infraction in the last 10 years?

YES NO

Has the agency or any of its officers ever filed a bankruptcy petition or been subject to involuntary bankruptcy petition?

YES NO

Licensed Staff

Name	Phone Number	Extension	Email

**Volume**

Total Agency	
Commercial	
Workers Compensation	
Commercial Auto	
Business Owners (BOP)	
Personal Lines	
Personal Homeowners	
Personal Auto	

**Error and Omissions**

Carrier: \_\_\_\_\_

\*Upload the E&O Carrier Policy

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

Have you ever had an E&O claim?   YES   NO   If so explain: \_\_\_\_\_  
      \_\_\_\_\_

**Cyber Security Policy**

Do you have a Cyber Security Policy?   YES   NO  
  

Do you contract with 3rd party vendor to manage your computers & electronic data infrastructure?   YES   NO  
  

Do you have rules procedures and policies in place to protect Client Data & Sensitive Information?   YES   NO  
  

Is your agency compliant with the New York State Cyber Security Regulations?   YES   NO  
  

Do you have an active contract with a 3rd party document destruction company?   YES   NO

**Business Practices**

Has the agency or any former or current member, producer, principle, agent, employee ever had a license suspended or revoked by any carrier, company or any state insurance department? <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Has any legal or regulatory body ever sanction, censured, or penalized or otherwise disciplined the agency or any current or former office of the agency? <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Has the agency ever been subject to an insurance-related consumer-initiated complaint or proceeding? <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Has an E&O Carrier ever denied claims, paid claims, or cancelled the agency's coverage? <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Is the agency in debt to any insurance company? <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	Have the officers of the agency ever been indicted for, convicted of, or pled guilty to any felony or misdemeanor other than a minor traffic offense? <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>

**Banking**

Financial Institution: \_\_\_\_\_ Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Necessary Documents for Upload**

Please provide the following:

- 1.) All Active Licenses for Entity, Principles, Agents, Producers & Support Staff
- 2.) E&O Carrier Policy
- 3.) Prior 3 Years Corporate Entity Tax Returns
- 4.) Prior 5 years Carrier Production Reports

**Disclaimer and Signature**

*Agency owners and principles are giving the Vesuvius Group Inc the right to conduct a standard legal background check.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

