

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: _____

Agency Owner Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

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: _____

Total Number of Employees: _____

Total Number of Producers: _____

Total Number of CSR's: _____

*Please attach all active licenses for Entity, Principles, Agents, Producers & Support Staff.

Does your agency hold a nonresident license? YES NO

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: _____

Expiration Date: _____

*Attach the E&O Carrier Policy

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

<p>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? YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<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? YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>Has the agency ever been subject to an insurance-related consumer-initiated complaint or proceeding? YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<p>Has an E&O Carrier ever denied claims, paid claims, or cancelled the agency's coverage? YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>Is the agency in debt to any insurance company? YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<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? YES NO <input type="checkbox"/> <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: _____

