



American Risk Insurance Company

Agency Contracting Instructions

- I. Complete the Agency Profile form in its entirety.
- II. Complete and sign the Fair Credit Act Disclosure.
- III. Complete and sign IRS Form W-9.
- IV. Attach a copy of your current Agency License(s).
- V. Attach copies of licenses of all producers who will be using our system.
- VI. Attach a copy of the declarations page from your current E&O insurance policy.
- VII. Mail the completed forms to our office at:

American Risk Insurance Company
4669 Southwest Freeway, 7th Floor
Houston, Texas 77027

For a quicker response, you may first fax the above items to (713) 559-0716 or email them to agents@americanriskins.com and then mail the originals to the address above.



American Risk Insurance Company

AGENCY PROFILE – DIRECT APPOINTMENT

Please type or print your answers. Use a separate sheet if necessary.

GENERAL INFORMATION

I/We are applying for the following appointment(s) with ARI:

Personal Lines Commercial Property Both

1. Name of Firm: _____

2. Main Address:

Street: _____

City: _____ State: _____ Zip: _____

3. Mailing Address (if different from above):

Street: _____

City: _____ State: _____ Zip: _____

4. Tel#: _____ Fax#: _____ Email: _____

Website: _____

5. Formed as a: Corporation Partnership Individual

Tax ID or SS Number: _____

6. TDI Agency License Number: _____ Expiration Date: _____

7. Does your agency have broadband internet access? YES NO

8. What type of Agency Management Software is used? _____

9. Existing ChoicePoint Node ID? YES NO If yes, please provide: _____

10. Do you subscribe to EZ Lynx Comparative Rater for Home Insurance? YES NO

11. Is this a Minority or Woman-owned organization? YES NO

BACKGROUND

1. Date business was established: _____

2. Is Agency engaged in, owned by, associated or affiliated with, or controlled by any other business interest? YES NO

If "YES", please describe:

3. Branch Offices: YES NO

If "YES", please list (attach a separate sheet if necessary):

Location: _____ Tel#: _____ Fax#: _____



American Risk Insurance Company

4. Have you or your agency ever filed bankruptcy in the United States? YES NO
If "YES", attach statement giving details and circumstances.

5. Does your agency specialize in any particular line of insurance? YES NO
If "YES", please explain:

PRINCIPALS & PERSONNEL

1. Principals/Officers/Brokers

<u>Name of Principal</u>	<u>Title or Position</u>	<u>Year Started in Insurance</u>	<u>Year Started with Agency</u>	<u>Licensing State</u>	<u>License Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Shareholders

a. Name: _____ S.S. Number: _____
Address: _____

Percentage of Ownership: _____

b. Name: _____ S.S. Number: _____
Address: _____

Percentage of Ownership: _____

c. Name: _____ S.S. Number: _____
Address: _____

Percentage of Ownership: _____

3. Employees

<u>Name of Employee</u>	<u>Title or Position</u>	<u>Year Started in Insurance</u>	<u>Year Started with Agency</u>	<u>Licensing State</u>	<u>License Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OPERATIONS

1. Do you write business outside your State of domicile? YES NO

If "YES", please explain: _____

2. Does your agency operate as a Retailer, Wholesaler or combination?

_____ % Retail _____ % Wholesale



3. General Agency Premium Volume & Distribution

	<u>Previous Year</u>	<u>Current Year</u> (Projections)
a. Automobile – Commercial	\$ _____	\$ _____
b. Automobile – Personal	\$ _____	\$ _____
c. Commercial – BOP	\$ _____	\$ _____
d. Commercial – Casualty	\$ _____	\$ _____
e. Commercial – Property	\$ _____	\$ _____
f. Homeowners HO-A/HO-A+	\$ _____	\$ _____
g. Homeowners HO-B	\$ _____	\$ _____
h. Home Dwelling Fire – TDP	\$ _____	\$ _____
i. Home – Other	\$ _____	\$ _____
j. All Other Lines	\$ _____	\$ _____
 TOTAL ALL LINES	 \$ _____	 \$ _____

Avg. Number of Home NEW BUSINESS Apps Written Per Month: _____

Avg. Number of Home RENEWAL Apps Per Month: _____

Commercial Property Current Book of Business (if applying for a Commercial Lines appointment)

	<u># of Policies</u>	<u>Total Premium</u>
a. Apartments/Condos	_____	\$ _____
b. Hotels/Motels	_____	\$ _____
c. Office Buildings/Parks	_____	\$ _____
d. Shopping Centers	_____	\$ _____
e. All Other	_____	\$ _____

TOTAL COMMERCIAL PROPERTY \$ _____

4. Anticipated volume to ARI

	<u>Personal Lines</u>	<u>Commercial Lines</u>
a. New Business	\$ _____	\$ _____
b. Transfer From Current Carrier(s)	\$ _____	\$ _____

5. List Top Standard Carriers (all lines) Represented in Order of Premium Volume

	<u>Carrier</u>	<u># of Years Appointed</u>	<u>Annual Volume (\$)</u>	<u>Loss Ratio (%)</u>	<u>Contact Rep.</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

6. List Top Surplus Lines & MGAs (all lines) Represented in Order of Premium Volume

	<u>Carrier</u>	<u># of Years Appointed</u>	<u>Annual Volume (\$)</u>	<u>Loss Ratio (%)</u>	<u>Contact Rep.</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____



7. List Top Home Insurance Carriers in Order of Premium Volume

	<u>Carrier</u>	<u># of Years Appointed</u>	<u>Annual Volume (\$)</u>	<u>Loss Ratio (%)</u>	<u>Contact Rep.</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

8. E&O Insurance Company: _____
Limits: _____ Deductible: _____ Expiration: _____

9. Has any member of your Agency received any complaints or disciplinary action by a State Insurance Department or other regulatory Agency? YES NO
If "YES", please explain:

10. Have any errors and omissions claims been made during the past five years against your agency, any of its past or present partners, executive officers, directors, solicitors, office brokers, employees, or predecessors in business or against any corporation that you or your agency was employed by, associated with or had an interest in? YES NO
If "YES", please explain:

11. Are you or your agency, any of its officers, directors, solicitors, office brokers or employees aware of any circumstances or any allegations or contentions of any incident which may result in an errors and omissions claim being made against you or your agency or any past or present partner, officer, director, solicitor, office broker or employee?
 YES NO If "YES", please explain:

12. Have any companies terminated your agency appointment or withdrawn your authority on any particular types of business in the past 24 months? YES NO
If "YES", please explain:

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete and accurate with no misrepresentations, omissions, or any other concealment of fact and I understand that any false information stated in this application could negatively influence the decision of my agency for appointment with American Risk Insurance Company.

Signature of Principal/Owner: _____ Date: _____

Printed Name: _____ Title: _____



Individual copies to be completed by all agency principals/owners:

Notice to Proposed Agency of Investigation under the Fair Credit Act

I understand that American Risk Insurance Company (“Company”) may request an investigative report about me and other principals of my Agency as part of their normal agency selection process. As such, I authorize all workers compensation boards, industrial accident boards, corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, former employers, and military services to release all written and verbal information about me to any reporting agency selected by Company and I release them from all liability and responsibility for doing so. I also authorize the procurement of a consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, will be valid for this and any future reports or updates that may be required.

Statements made herein are representations on which Company may rely on considering my request for appointment as a representative of Company. This information is complete and accurate to the best of my knowledge and recollection. I understand and agree that any misrepresentation of fact, whenever discovered, will be basis for termination for cause of any such appointment.

Proposed Agency Agreement

1. I will be an Agent initially assigned to and under the review of an Account Executive and Underwriter of the Company.
2. American Risk Insurance Company has the right at all times, and without liability, to reject any application for insurance without specifying the reason, to refund any premium on any policies or applications secured, and to demand repayment of any commission or other benefit received.
3. I will comply with the rules and regulations of American Risk Insurance Company, the laws of the state(s) in which I am licensed and/or appointed, and the regulations of the department(s) of insurance relating to my activities in the solicitation of insurance. If I violate or break any of these rules or regulations, I agree to abide by any court, regulatory or administrative ruling.
4. I will not change or waive any terms, rates, or conditions of any policy, contract advertisement or receipt.
5. I will promptly remit to Company, all monies I receive on behalf of the Company as full or partial payment for first-year or renewal premiums for any item.
6. I will not enter into any contract or incur any expense on behalf of the Company, nor, will I represent myself as having the authority to do so.
7. The Company may, without liability to me, cancel my appointment(s) at any time.

Signature	Title	Date
Printed Name:	_____	
Agency Name:	_____	
Home Address:	_____	
Social Security Number:	_____	Date of Birth: _____
Drivers License #:	_____	
State of Issuance:	_____	

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

OR

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,