



American Service Insurance & Universal Casualty Company
Application Checklist and Fax Cover Page

Agency Name: _____

Phone Number: _____

Contact: _____

Application Checklist

Instructions: Please complete the required forms according to the application checklist below. Using this checklist as a cover page, fax all information to the number below.

- Agency Qualification Form
For multiple locations, complete a form for each location and list them below.

- Copy of current Dec page for Errors and Omissions Coverage
Individual Principal Information Form for each principal
Copy of current licenses for each producer
Appropriate documentation for YES answers on background questions when required
If direct bill, Authorization for Electronic Funds Transfer Form
For multiple locations with different accounts, complete a form for each location.
Voided check for each Agency EFT Form
W-9 Form

Important Note:
Applications will NOT be processed if any of the forms are missing or incomplete.

FAX COMPLETED FORMS TO
MARKETING AT
847-228-3024

If you have any questions, please contact Heather Rotondo at (847) 700-8750.



American Service Insurance & Universal Casualty Company
Agency Qualification Form

Agency Name: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

Phone: () _____ Fax: () _____

E-Mail Address (Primary): _____ Agency License Number: _____

Website Address: _____ Year Agency Established: _____

Taxpayer Status: Individual Sole Proprietor Partnership Corporation LLC

Please list other states which agency is licensed in: _____

Comparative rating vendor used in agency: _____

Agency management system used in agency: _____

Indicate the products you are interested in being contracted to write:

Non-Standard Personal Auto: Yes No

Key contact person(s) normally responsible for placement of these risks:

Business/Commercial Auto (This program is designed to insure "light" vehicle weights such as cars, vans and pickups.): Yes No

Key contact person(s) normally responsible for placement of these risks:

Taxi: Yes No

Key contact person(s) normally responsible for placement of these risks:

- 1. Do you have Errors & Omission Coverage? Yes No (Attach copy of most current Declarations page).
2. Has your agency ever had a license denied, revoked, suspended, canceled or non-renewed by any state? Yes* No
3. Is your agency indebted to any insurance company, general agent, manager or broker? Yes* No
4. Has your agency filed for, or been discharged from, any bankruptcy, insolvency, or assignment for the benefit of creditors with a filing or discharge date, whichever is later, within the last five years? Yes* No
5. Has your agency ever been disciplined, fined, or censured by a state insurance department or any regulatory body or court? Yes* No

6. Is your agency now the subject of any complaint, investigation, or proceeding that could result in a YES answer to any of the previous questions? Yes* No
7. Has your agency ever been terminated or non-renewed by a carrier because of allegations of wrongdoing?
 Yes* No

* If you have answered YES to any question 2 through 7, please provide complete details and appropriate documents such as official court records.

8. What is your agency's total annual written premium? _____

9. What percentage (%) of your agency volume is non-standard personal auto?

- 0-25% 26-50% 51-75% 76-100%

10. On average, how many non-standard personal auto applications to you write each month? _____

11. Largest non-standard personal auto carriers:

- | | | |
|------------------------|------------------------|------------------------|
| 1. _____ | 2. _____ | 3. _____ |
| 3 Yr. Loss Ratio _____ | 3 Yr. Loss Ratio _____ | 3 Yr. Loss Ratio _____ |
| Written Premium _____ | Written Premium _____ | Written Premium _____ |
| Year Contracted _____ | Year Contracted _____ | Year Contracted _____ |

12. What percentage (%) of your agency volume is commercial auto?

- 0-25% 26-50% 51-75% 76-100%

13. On average, how many commercial auto applications do you write each month? _____

14. Largest commercial auto carriers:

- | | | |
|------------------------|------------------------|------------------------|
| 1. _____ | 2. _____ | 3. _____ |
| 3 Yr. Loss Ratio _____ | 3 Yr. Loss Ratio _____ | 3 Yr. Loss Ratio _____ |
| Written Premium _____ | Written Premium _____ | Written Premium _____ |
| Year Contracted _____ | Year Contracted _____ | Year Contracted _____ |

15. Projected first year written premium with Kingsway America Inc.: _____

16. How did you hear about Kingsway America Inc.? _____

17. Have you ever been appointed with a member of the Kingsway America Group of Companies? If yes, please list your producer code(s) below.



American Country
Code: _____



American Service Insurance
Code: _____



Mendota Insurance
Code: _____



Universal Casualty Company
Code: _____

18. Was your appointment terminated with a member of the Kingsway America Group of Companies? If yes, please explain the reason: _____

19. Please indicate billing preference of agency: Direct Bill Agency Bill

Authorization for Electronic Funds Transfer (Required for Direct Bill):

(Agency Name) _____, "Agency" hereby authorizes any member of the Kingsway America Group of Companies to initiate entries to debit/credit my (our) account described below.

Type of Account (Savings or Checking): _____

Account Number: _____

ABA Routing Number: _____

Financial Institution's Name: _____

This authority will remain in full force and effect until Kingsway America Inc. receives written notification from the undersigned of its termination in such time and manner as to afford Kingsway America Inc. reasonable time to find an alternative method of completing the necessary transactions with the company.

Agency Bank Account Authorized Signers:

The individual(s) signing below warrant(s) by his/her signature(s) that he/she has the power and authority to authorize automatic debits/credits.

Signature

Signature (Optional for Joint Account)

Print Name

Print Name

Date

Date

Telephone Number

Telephone Number

IF DIRECT BILL, PLEASE ATTACH A VOIDED CHECK BELOW.

(ATTACHED CHECK HERE)

Individual Principal Information Form - Current Copies of Licenses must be attached

Note: An Individual Principal Information Form must be submitted for each principal of the agency

Full legal name of Principal: _____

Maiden or former name(s), if applicable: _____

Male Female Place of Birth: _____ Date of Birth: _____ Marital Status: _____

Employer: _____ Social Security Number: _____

Agent Position: _____ Agent License Number: _____

E-Mail Address: _____ Residence Telephone Number: _____

Fax Number: _____ Business Telephone Number: _____

List your place(s) of residence for past five years (leave no gaps). List additional addresses, if necessary, on plain paper and attach to this form:

1. _____
Address City County State Zip

Mailing Address (if different): _____

Background Information

1. Have you filed for or been discharged from bankruptcy within the last five years? Yes* No
2. Do you have delinquent unpaid debts exceeding in total, \$10,000? (Add together delinquent: consumer debt, tax liens, loans, child support payments, alimony payments, civil judgments, and other delinquent debt.) Yes* No
3. Have you plead guilty, no contest, or been convicted of any misdemeanor involving dishonesty or breach of trust within the last five years? Yes* No
4. Have you plead guilty, no contest or been convicted of a felony? Yes* No
5. Has your insurance license ever been revoked, or surrendered, in any state? Yes* No
6. Have you ever been fined, penalized, sanctioned, or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization as a result of your activities in the business of insurance, securities, banking, investment banking or real estate? Yes* No
7. Is there any pending complaint, investigation or proceeding that could result in a YES answer to any of the previous questions? Yes* No

If you have answered YES to any question, provide complete details and appropriate documents such as official court records.

NOTICE TO PRINCIPALS OF INVESTIGATION REPORT UNDER FAIR CREDIT REPORTING ACT

I authorize all corporations, companies, educational institutions, persons, law enforcement agencies, and former or current employers to release all written and verbal information about me to any reporting agency selected by Kingsway America Inc. (KAI), I release them from any liability and responsibility for doing so. I also authorize KAI to procure a consumer/credit/criminal background report ("Consumer Report") for the purpose of reviewing and determining my worthiness in being appointed, licensed or contracted ("appointment") as a KAI agent. I have been given a stand-alone consumer notification that a Consumer Report will be requested and used for the purpose of evaluating me for appointment. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested, the extent allowed by law.

I hereby verify the foregoing answers and statements; I authorize KAI to release, for the purpose of processing my application for appointment, any information obtained to any KAI Insurance Company affiliate or to the principal of the agency recommending my appointment with KAI. I understand and agree that any misrepresentation of fact, whenever discovered, will be the basis for termination for cause of any such appointment. I hereby certify that I have never been convicted of a state or federal felony crime that would prohibit me from participating in the business of insurance.

I agree to immediately notify your office of any material changes in the above information. (Signatures must be provided for each principal of the agency)

(Agency Principal Name) Date

(Agency Principal Name) Date

(Agency Principal Name) Date

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Business Information Group, Inc., P.O. Box 541, Southampton, PA, 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.
Yes _____ No _____
Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No _____
Initials Initials

***California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the receipt of the report (unless you elected not to get a copy of the report).

(Principal/Owner Signature) Date



UNDER THE FAIR CREDIT REPORTING ACT

This is to inform you that a consumer report or an investigative consumer report may be obtained from a Consumer Reporting Agency for the purposes of reviewing and determining your worthiness in being approved and/or licensed as a Kingsway America Inc. Agent.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You will receive a copy of whatever credit report we obtain before we take any adverse action against you. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

THIS CONSUMER NOTIFICATION TO BE RETAINED BY THE APPLICANT.