



AGENCY APPOINTMENT APPLICATION

Agency Name _____ Type of Entity _____ FEIN _____
Address _____ City _____ State _____ Zip _____
Contact Name _____ Phone # (____) _____ Email _____
Website _____ # of Satellite Offices _____ # of Commercial Lines Producers _____

Market Information

Who are your top two P & C companies? 1) _____ Volume \$ _____
2) _____ Volume \$ _____
Who are your top two bonding companies? 1) _____ Volume \$ _____
2) _____ Volume \$ _____
Who are your top two liquor liability companies? 1) _____ Volume \$ _____
2) _____ Volume \$ _____

Disclosures

Has your agency ever been the subject of a bankruptcy, receivership or similar proceeding? [] Yes [] No
Has any owner, officer, director, partner, employee or producer of the agency ever been the subject of a disciplinary action by any insurance authority? [] Yes [] No
Have there been any errors or omissions claims made against the agency or any of its employees, principals, (past or present), within the last 5 years? [] Yes [] No
Please provide details for any yes answers:

Disclosure & Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act

We intend to obtain a report from a consumer reporting agency. We will use the report only for the purpose of determining your eligibility for an appointment. The report may contain information about your insurance agency and personal information about you including your credit history, employment history, criminal history, and/or the insurance license(s) you hold. Upon your written request, you will be given a list of the areas included in your particular report.

I hereby authorize the U.S. Insurance Company of America and its subsidiary/affiliated companies to obtain such report from any consumer reporting agency. I further release and hold harmless the U.S. Insurance Company of America and its subsidiary/affiliated companies, its directors, officers and employees from any liability arising from the procurement of a consumer report and the use of any information contained in such report.

This authorization shall remain in effect throughout the term of my appointment.

Signature _____ Printed Name _____ Title _____ Date _____

Directions

Please forward the completed application by; 1) Email: marketing@usicoa.com or 2) Fax: 217-391-8742 or 3) Mail: 3131 Greenhead Drive, Springfield, IL 62711. We will contact you within twenty-four hours. If approved, we will obtain the rest of the needed information on all producers, administrator, csrs, etc.