

The Armada Insurance Agency, LLC - Application for Membership

Legal Name: _____

DBA: _____

Mailing Address: _____

Primary Location Address: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

FEIN: _____ Year Established: _____

License Number(s): _____

Owner, Parters or Corporate Officers:

Name	Title	% Ownership	Contact Information

Top Seven Insurance Companies Represented: *indicate growing (+) or shrinking (-)* **As of date:** _____

Company	CL Volume (+/-)	CL L/R	PL Volume (+/-)	PL L/R
	\$ ()	%	\$ ()	%
	\$ ()	%	\$ ()	%
	\$ ()	%	\$ ()	%
	\$ ()	%	\$ ()	%
	\$ ()	%	\$ ()	%
	\$ ()	%	\$ ()	%
	\$ ()	%	\$ ()	%

[Attach 3 years of reports for these carriers.]

References:

Name	Address	Telephone	Email	Relationship

E&O Carrier: _____ E&O Limit: _____

E&O Effective Date: _____ [Must be able to add The Armada Insurance Agency, LLC as Additional Named Insured]

Current agency management system vendor: _____ Version#: _____

Current rating system vendor: _____ Version#: _____

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If the answer to any of the following questions is yes, please indicate the question number and provide details in remarks:

1. In the last 5 years, any past, open, anticipated, or probable E&O claims? _____
2. In the last 5 years, any past, pending, or expected criminal charges/litigation against any owner or staff? _____
3. Is the agency, or any principal, involved in any business other than insurance? _____
4. Are you currently a member of a cluster? _____
5. Have you previously been a member of a cluster? _____
6. Are there any restrictions on your ability to move business from a past/current cluster? _____
7. Do you have an existing perpetuation plan? _____
8. Any recent or expected sale, merger, or purchase of an agency or book of business? _____
9. Is the agency currently processing any book transfers? _____
10. Has the agency been terminated by any carriers in the last five years? _____
11. Does the agency, or its agents, have a Broker contract (vs. Agent contract) with any carriers? _____
12. Does the agency act as a brokerage for any other retail agents or brokers? (incl % volume & carrier) _____
13. Does the agency specialize in any niche or program business? _____
14. Does the agency have any branch locations? _____

Mix of Business:

Current Premium Volume:

Expected Annual New Business Production:

Commercial Lines	\$ _____	\$ _____
Personal Lines	\$ _____	\$ _____
Life/Health/Benefits	\$ _____	\$ _____
Surety	\$ _____	\$ _____
Other (describe)	\$ _____	\$ _____
Total	\$ _____	\$ _____

Mutual Non-Disclosure Agreement:

The members of The Armada Insurance Agency, LLC and the principal(s) of the applicant for membership understand and agree that each would like to provide the other with certain information that may be considered confidential. The parties agree that all information shared in the application process is confidential and that each party shall use the information only for the purpose of evaluating membership. The parties shall limit disclosure of information within their own organizations to those having a need to know and shall not disclose confidential information to any third party without prior written consent. This Agreement imposes no obligation upon the parties with respect to any Confidential Information (a) that was possessed before receipt; (b) is or becomes a matter of public knowledge through no fault of receiving party; (c) is rightfully received from a third party not owing a duty of confidentiality; (d) is disclosed without a duty of confidentiality to a third party by, or with the authorization of the disclosing party; or (e) is independently developed.

Signature by Armada Member	Printed Name / Title	Date

Signature of Applicant (will lock form data)	Printed Name / Title	Date

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Remarks: _____

_____ Printed Name / Title _____ Date