



Universal Casualty Company
Application Checklist and Fax Cover Page

Contact Person for Application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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
847-228-3944

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



**Universal Casualty Company  
Agency Qualification Form**

Agency Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Location of your agency (circle one):  Your own building  Office complex  Shopping center  A home office  Other

Number of Offices: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Agency License Number: \_\_\_\_\_

Primary E-Mail Address (For company communications): \_\_\_\_\_

Website Address: \_\_\_\_\_ Year Agency Established: \_\_\_\_\_

Taxpayer Status (circle one):  Individual  Sole Proprietor  Partnership  Corporation  LLC

Comparative rating vendor used: \_\_\_\_\_ Agency management system used: \_\_\_\_\_

Do you have Errors & Omission Coverage?  Yes  No (Attach copy of most current Declarations page).

What is your agency's total annual written premium? \_\_\_\_\_

What percentage (%) of your agency volume is non-standard personal auto?  0-25%  26-50%  51-75%  76-100%

On average, how many new non-standard personal auto applications to you write each month? \_\_\_\_\_

Largest non-standard personal auto carriers in your agency:

Company	Annual Written Premium	Loss Ratio	Commission	Marketing Rep	Year Appointed
1.					
2.					
3.					
4.					
5.					

Projected first year written premium with Kingsway America Inc.: \_\_\_\_\_

How did you hear about Kingsway America Inc.? \_\_\_\_\_

How many of your customers speak a language other than English? List the language spoken and % of your customers:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Does agency request accident and violation information from all applicants? \_\_\_\_\_

Do you believe an agent can impact his/her loss ratio? (yes) (no) If "yes", how? \_\_\_\_\_

Has your agency or any employee of your agency ever been done business with Universal Casualty Company or American Service Insurance before? If yes, please explain: \_\_\_\_\_

Does your agency accept brokered business? If yes, from what agencies? \_\_\_\_\_



**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

Residents of the states of Maine, New York, California, Washington, Minnesota and Oklahoma have rights and options not detailed on this application. Contact KAI Marketing for additional information if you are a resident of these states.

**UNDER THE FAIR CREDIT REPORTING ACT**

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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.**