

Agency Application – Part A

Date:		Completed By:			
Agency Legal Name:					
Agency DBA Name:					
Physical Address:		City:		State:	Zip:
Mailing Address:		City:		State:	Zip:
Number of Employees:		Number of Locations:		Date Agency Established:	
Telephone:			Fax:		
Agency Email:			Accounting Email: (For Commission Statements)		
Agency Website:					
Tax ID:	Corporation		Partnership		Sole Proprietor
Additional Location Address:					
Additional Location Address:					
Agency Owners, Partners, Principals and Shareholders:					
Name	Title	% of Ownership		Email Address	
1.		%			
2.		%			
3.		%			
4.		%			
5.		%			
Agency Premium Breakdown			Commercial Market Breakdown		
Personal Lines	\$	%	Small Commercial	\$	%
Commercial Lines:	\$	%	Standard Commercial	\$	%
Other:	\$	%	Excess & Surplus	\$	%
Total:	\$				
How do you see Union Standard Insurance Group fitting in with your agency over the next 24 months?					

Agency Application - Part A

Please provide brief answers to the questions below, if applicable:

Are there commitments to other Carriers that would prevent you from attaining a commitment to USIG?
 Yes No If yes, please explain:

List any new carrier contracts you have obtained in the last three years?

For Agencies with a Cluster Agreement: Explain the Cluster agreement and purpose to your agency:

Volume Expectation: Please list your volume commitment with Union Standard Insurance Group over the first three years.

First Year:	\$	Second Year:	\$	Third Year:	\$
--------------------	----	---------------------	----	--------------------	----

Top 5 Commercial Carriers:

	Company Name	Years Contracted	Premium	Loss Ratio
1.			\$	%
2.			\$	%
3.			\$	%
4.			\$	%
5.			\$	%

Special Programs:

	Company Name	Years Contracted	Premium	Loss Ratio
			\$	%
			\$	%

Please explain any Carrier loss ratios over 60%:

Please attach the following to this application:

- Two years Agency Balance and Income Statements**
- Current copy of E&O declarations page.**
- Copy of Tax ID**
- Copy of Agency License**
- Copies of all Producer/Agent licenses**



ELECTRONIC DELIVERY OF POLICY DOCUMENTS & COMMISSION STATEMENTS

Documents to be provided electronically. We will send all Policy Documents (Insured and Agency copy) and Commission Statements in electronic form, delivered to your agency email address provided to us.

Required hardware and software. To receive and view the Policy Documents and Commission Statements, you must maintain access to the email account you provided to us and maintain the most current version of Adobe Reader.

Requesting paper copies. As described below, you may request, for no additional charge, a paper copy of any Policy Document made available electronically to you. As described below, such requests must reference a specific document.

How to contact us: If you want to contact us regarding the foregoing, you will need to contact us as follows:

To change email address: To change the agency email addresses on file with us, you must email us at marketing@usic.com and in the body of such request provide your new email address, your agency name, your name and your telephone number.

To request paper copies: To request a paper copy of any Policy Document previously emailed to you electronically, you must email us at USIGUnderwriting@usic.com and in the body of such request provide your agency's name, specific policy number and transaction type you want printed, as well as your name and telephone number. All Policy Documents requested to be printed and mailed will be mailed to the address on file with us for your agency.

Additional Information:

- Electronic delivery of Policy Document applies to **ALL** Union Standard customers within your agency;
- You will deliver Policy Documents electronically to your customers only as allowed by law, including any required authorization between you and your customers; and
- We maintain the right to amend, alter, or terminate the electronic delivery of Policy Documents to you at any time with or without notice.
- Policy Documents are defined as new business and renewal policies, endorsements and cancellation notices (note: Insureds will still receive paper copies of cancellation notices). Policy Documents **DO NOT** include reinstatements or billing documents at this time.



Please complete the information below and return the form to marketing@usic.com.

List up to two email addresses where Policy Documents and each type of Commission Statement should be sent:

POLICY DOCUMENTS:

Email Address: _____

Email Address: _____

DIRECT BILL COMMISSION STATEMENT:

Email Address: _____

Email Address: _____

AGENCY BILL STATEMENT:

Email Address: _____

Email Address: _____

Agency Name: _____

Agency Code: _____ Additional Agency Codes: _____

Printed Name: _____

Signature: _____ Date: _____

Union Standard Insurance Group Agency Download Request

Date Click or tap to enter a date.

Agency Code(s):

IVANS Account Number:

Agency Name:

IVANS User ID:

Contact Person:

IVANS Machine Address:

Email Address:

Management System (Vendor):

Phone Number:

Version:

Select Download Options:

Policy Download **if policy download selected, please select lines of business below:*

All Available

Commercial Auto

All Commercial Property

ADP Advantage Property only

All General Liability

ADL Advantage GL only

All Package

ADV Advantage Package only

Work Comp

Umbrella

Initial Policy download **An initial load will download an agency's entire book of business from the company to the agency. This process will bring the agency management system up to date with all existing active policies.*

Direct Bill Commission Statement Download

Claims Download **Subject to availability based on agency management system used by the agency.*

Comments:

Return completed form to: USIGAgentSupport@usic.com

For questions about download, please call our Support Center at 800-432-4908 or email at USIGAgentSupport@usic.com