



California Producer Questionnaire

*Thank you for your interest in
an appointment with our company*

YOU ARE APPLYING FOR:

ANCHOR GENERAL INSURANCE AGENCY, INC.

PACSTAR GENERAL INSURANCE AGENCY, INC.

BLUESTAR GENERAL INSURANCE AGENCY, INC.

CHECKLIST

In order for us to process your request, please provide the following documents:

- Producer questionnaire
- Copy of your license
- Copy of your E&O Certificate or Declaration Page
- Copy of your Bond (CA only)
- Copy of loss ratio (from three different carriers)
- Completed and signed ACH form (trust account) attach voided check
- Completed and signed ACH form (commission direct deposit) attach voided check
- Completed and signed W-9

COMPARATIVE RATER TYPE (CHECK ALL THAT APPLY)

- FSC/PL RATER ITC MULTICO QUICKQUOTE EZLYNX
 OTHER COMPARATIVE RATER ACCOUNT #: _____

AGENCY MANAGEMENT SYSTEM INFORMATION

DO YOU USE A MANAGEMENT SYSTEM? YES NO IF YES, WHICH AGENCY MANAGEMENT SYSTEM? _____

If you would like downloads, please provide the following information:

DOWNLOAD CONTACT PERSON: _____ PHONE NUMBER: _____

CONTACT PERSON EMAIL: _____ LOCATION: _____

DOES ONE OFFICE DO THE DOWNLOAD (MASTER), OR DOES EACH OFFICE DO THEIR OWN (MULTIPLE)? MASTER MULTIPLE

If the selection is multiple, please provide additional information on the "ADDITIONAL OFFICE FORM", which you can obtain from your field Sales Representative, or email to marketing@anchorgeneral.com.

YOUR CONTACT INFORMATION

EMAIL ADDRESS (MUST ENTER): _____

EMAIL ADDRESS FOR COMMISSION (IF DIFFERENT): _____

AGENCY WEBSITE: _____ # OF OFFICE LOCATIONS: _____

MAIL CORRESPONDENCE TO: MAIN MAILING ADDRESS OTHER: _____

MAIL COMMISSIONS TO: MAIN MAILING ADDRESS OTHER: _____

ERRORS AND OMISSIONS INFORMATION

E&O CARRIER: _____ DATE OF EXPIRATION: _____

TWO WAYS TO SEND YOUR DOCUMENTS

MAIL TO:

MARKETING DEPARTMENT
PO BOX 509020
SAN DIEGO, CA 92150-9020

EMAIL TO:

MARKETING@ANCHORGENERAL.COM

AGENCY INFORMATION

MAIN AGENCY NAME:		TELEPHONE #:	FAX#:		
MAIN STREET ADDRESS:		CITY:	STATE:	COUNTY:	ZIP:
MAIN MAILING ADDRESS:		CITY:	STATE:	COUNTY:	ZIP:
TAX ID:	AGENCY STATUS (CHECK ONE): <input type="checkbox"/> CORP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROP. <input type="checkbox"/> OTHER		# OF LOCATIONS:	# OF PRINCIPALS:	
EMAIL ADDRESS:			WEBSITE ADDRESS:		
NAME ON AGENCY LICENSE:			AGENCY/INDIVIDUAL LICENSE#:		
WHICH NEIGHBORHOOD/AREA DOES YOUR AGENCY SERVE?					
AGENCY TOTAL WRITTEN PREMIUM?	AGENCY TOTAL AUTO APPLICATION COUNT?	% NON-STANDARD:	% STANDARD/PREFERRED:		

TOP THREE (3) NON-STANDARD AUTO COMPANIES (IN ORDER OF VOLUME)

COMPANY:	ANNUAL WP VOLUME:	LOSS RATIO:	MONTHLY APP COUNT:
	\$	%	
COMPANY:	ANNUAL WP VOLUME:	LOSS RATIO:	MONTHLY APP COUNT:
	\$	%	
COMPANY:	ANNUAL WP VOLUME:	LOSS RATIO:	MONTHLY APP COUNT:
	\$	%	

TOP THREE (3) STANDARD/PREFERRED AUTO COMPANIES (IN ORDER OF VOLUME)

COMPANY:	ANNUAL WP VOLUME:	LOSS RATIO:	MONTHLY APP COUNT:
	\$	%	
COMPANY:	ANNUAL WP VOLUME:	LOSS RATIO:	MONTHLY APP COUNT:
	\$	%	
COMPANY:	ANNUAL WP VOLUME:	LOSS RATIO:	MONTHLY APP COUNT:
	\$	%	

HOW DO YOU GENERATE YOUR BUSINESS?

BUY LEADS _____%
 WALK IN BUSINESS _____%
 TV _____%
 RADIO _____%
 INTERNET _____%

OTHER: _____

GENERAL INFORMATION

AGENCY PRINCIPAL NAME:		DATE OF BIRTH:	SOCIAL SECURITY/TAX ID#:		
INSURANCE LICENSE#:	EXP DATE:	TITLE/NICKNAME:	NOTES:		
HOME STREET ADDRESS:		CITY:	STATE:	COUNTY:	ZIP:

To add additional office addresses, please request an 'Additional Office Form' from your field Sales Representative, or email to marketing@anchorgeneral.com.

DOES YOUR AGENCY WRITE ANY OF THE FOLLOWING?

- MOTORCYCLE COMMERCIAL AUTO RVs LOW VALUE DWELLING HOMEOWNERS
 BOATS JET SKI ATVs LIFE PRODUCTS

AUTHORIZATION TO OBTAIN CREDIT & BACKGROUND CHECK

ANCHOR GENERAL INSURANCE AGENCY, INC. DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Anchor General Insurance Agency, Inc. may obtain information about you from a third party Consumer Reporting Agency for contracting with us. Thus, you may be the subject of a "Consumer Report" which may contain, but is not limited to, information regarding your criminal history, Social Security Number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks with an appropriate and demonstrated business need such as a personal credit report. This release and authorization includes all state and federal agencies.

You have the right, upon written request made within a reasonable time, to request whether a Consumer Report has been run about you and to request a copy of your report. These searches will be conducted by HireSafe Employment Screening, Phone: 916-226-2550, Fax: 916-226-2552, 2228 Longport Ct. Suite 130, Elk Grove, CA 95758, <http://www.hiresafe.com>.

*For a Summary of Your Rights Under the Fair Credit Reporting Act, please visit:
https://files.consumerfinance.gov/f/documents/bcfp_consumer-rights-summary_2018-09.pdf/*

ANCHOR GENERAL INSURANCE AGENCY, INC. DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

Anchor General Insurance Agency, Inc. may request an "Investigative Consumer Report" about you from a third party Consumer Reporting Agency in contracting with us. An Investigative Consumer Report is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The Investigative Consumer Report may also contain, but is not limited to, information regarding your criminal history, Social Security Number validation, motor vehicle records ("driving records"), and verification of your education or employment, or other background checks with an appropriate and demonstrated business need such as a personal credit report. This release and authorization includes all state and federal agencies.

*You may request more information about the nature and scope of an Investigative Consumer Report, if any, by contacting **Anchor General Insurance Agency, Inc.** To the extent permitted by law, **Anchor General Insurance Agency, Inc.** may obtain an Investigative Consumer Report throughout the course of your business.*

If adverse action is taken resulting from information obtained, in whole or in part, from an Investigative Consumer Report obtained from a Consumer Reporting Agency, you will have the option to receive a copy of the report from HireSafe Employment Screening. HireSafe Employment Screening can be contacted at 2228 Longport Ct. Suite 130, Elk Grove, CA 95758, <http://www.hiresafe.com> or by phone/ fax or Phone: 916-226-2550, Fax: 916-226-2552.

*I certify that I have understood and read the above. In conjunction with my request to be appointed, I authorize **Anchor General Insurance Agency, Inc.** to obtain a background and credit check.*

AGENCY PRINCIPAL

DATE

MARKETING REPRESENTATIVE

PACSTAR GENERAL INSURANCE AGENCY, INC. DISCLOSURE REGARDING BACKGROUND INVESTIGATION

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**BLUESTAR GENERAL INSURANCE AGENCY, INC.
DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

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