



AGENCY/BROKER APPLICATION
(For changes complete only sections being updated)

DATE: _____

AGENCY/BROKERAGE NAME: _____

Address: _____ City/Town/Zip: _____

Office Phone: _____ Office Fax: _____

E-Mail Address: _____

CEO/Principal: _____

Agency/Brokerage Contact: _____

Accounting Contact: _____

Surety Personnel & Title: _____, _____
_____ , _____

Federal Tax ID # _____

Tax Status: Individual _____ ; Corporation _____ ; Partnership _____ ; LLC _____

Current Surety Markets: Top 4 with approximate annual volume:

- 1. _____ \$ _____ POA _____
2. _____ \$ _____ POA _____
3. _____ \$ _____ POA _____
4. _____ \$ _____ POA _____

Annual Losses for the last five (5) years, Explain:

Have you (or member of your agency/brokerage) ever done business with ACSTAR Insurance Company before?
_____ ; Explain: _____

Name of Errors & Omissions Insurance Carrier: _____

E & O Policy Limits: _____

Completed By: _____

Date Completed: _____

Please attach copies of your current resident agent/broker license (s); Please list those states and name of the licensee that have valid non-resident agent (s)/broker (s) license (s):

The information you provide on this document will be treated as confidential by ACSTAR Insurance Company.

DO NOT COMPLETE THIS SECTION – COMPANY USE ONLY

Date Appointed: _____ Agency Code #: _____

Commission: _____ Signed Agreement Received: _____