



115 Pheasant Run, Suite 218  
Newtown, Pennsylvania 18940  
Telephone 215-600-0740  
Fax 215-475-3959

# V3 INSURANCE PARTNERS LLC PRODUCER APPLICATION

COMPLETE, SIGN AND SUBMIT THIS APPLICATION WITH SUPPORTING DOCUMENTATION TO:  
215-475-3959 OR SCAN AND EMAIL TO:

For Transportation: [dealer.brokerservices@v3ins.com](mailto:dealer.brokerservices@v3ins.com)  
For Professional Lines: [mpl.brokerservices@v3ins.com](mailto:mpl.brokerservices@v3ins.com)  
For Difference In Coverage: [egplus.brokerservices@v3ins.com](mailto:egplus.brokerservices@v3ins.com)

For Workers' Comp: [wc.brokerservices@v3ins.com](mailto:wc.brokerservices@v3ins.com)  
For Multiple Lines: [brokerservices@v3ins.com](mailto:brokerservices@v3ins.com)

1. Attach a copy of your E&O Declarations Page including carrier name, policy period, limits and deductible.
2. Attach a copy of: 1) the resident license for the agency and 2) the resident license for your designated responsible producer.

## GENERAL INFORMATION

Product Line(s): \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Type of business:  Corporation  Partnership  LLC  Individual  
 Other [Please describe]: \_\_\_\_\_

Type:  Retailer  Wholesaler

Company Website: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address, if different:

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tax ID # / FEIN: \_\_\_\_\_

Year established: \_\_\_\_\_ State of Incorporation or Formation: \_\_\_\_\_

If subsidiary, list agency's parent corporation or company: \_\_\_\_\_

Branch Office Locations: Number: \_\_\_\_\_ Please list branch office locations. Attach add'l sheets if needed.

Address	City, State, Zip



**OFFICE PROFILE**

**Key Contacts:** Please include key personnel that should be our primary contacts as respects product offerings, accounting or operational procedures. This will allow us to communicate with your agency more effectively. Attach additional sheets if needed.

Key Personnel	Title	Office Location	Email	Direct Phone	Fax	Responsibilities

**Agency Principals:** Please list the first name, middle initial, last name and number of years with agency of each Principal. Attach additional sheets if needed.

First Name	Middle Initial	Last	No. Years With Agency

**Property /Casualty and Surplus Lines Licenses:** For each state in which you are soliciting business, please provide the agency and designated responsible producer license numbers. Attach additional sheets if needed.

State	Type (Property/Casualty or Surplus Lines)	Agency Name as Shown on License	Agency License Number	Designated Responsible Producer Name as Shown on License	Designated Responsible Producer License Number

For each principal, list all agencies in which he or she has had an ownership interest in the last five (5) years:

Is the agency in good standing in all states in which it requests to be authorized to do business?

Yes  No If no, please explain:

Has the agency or any of its principals declared bankruptcy in the last ten (10) years?

Yes  No If yes, please explain:

Has the agency or any of its principals been a party to any legal or administrative proceedings in the last five (5) years?

Yes  No If yes, please explain:

Has the agency been involved in a market conduct exam in the last five (5) years?

Yes  No If yes, please explain:



**NOTE TO APPLICANTS**

As a part of our normal procedure, a routine investigation may be made concerning the information provided in this application, which includes but is not limited to, general reputation, criminal background check and financial standing. Further information on the nature and scope of such inquiry, if one is made, is available to you upon written request. Additionally, V3 Insurance Partners LLC may ask you to complete a supplementary application detailing your agency's premium and loss history.

I hereby authorize V3 Insurance Partners LLC to conduct any investigation deemed necessary to substantiate my application for a producer agreement. I understand that falsification of any answer to a question on this application is grounds for cancellation of said agreement. If my application is accepted, I agree to comply with all rules and regulations of V3 Insurance Partners LLC and its insurers.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Sections 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

**CERTIFICATION**

I have read this application and certify that the answers and information herein are true and complete to the best of my knowledge.

Company: \_\_\_\_\_

By: [Signature of  
Owner/Principal] \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_