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## Producer Application

COMPLETE, SIGN AND SUBMIT THIS APPLICATION WITH SUPPORTING DOCUMENTATION TO:  
**215.475.3959** (fax) OR **wc.brokerservices@v3ins.com** (email).

1. Attach a copy of your agency's Errors & Omissions Declarations Page including carrier name, policy period, limits, and deductible.
  2. Attach a copy of: **1)** the resident license for your agency and **2)** the resident license for your agency's designated producer.
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### AGENCY INFORMATION

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

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

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

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

Entity Type:  Retail Agency  Wholesaler  Managing General Agent  Program Administrator  
 Other (please explain): \_\_\_\_\_

Agency Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

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

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

Industry Specialties: \_\_\_\_\_

### DESIGNATED PRODUCER INFORMATION

Designated Producer: \_\_\_\_\_ Email: \_\_\_\_\_

NIPR: \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### BRANCH LOCATIONS

Total Number: \_\_\_\_ Please list branch office locations. Attach additional sheets if needed.

Address	City, State, Zip

### AGENCY PRINCIPALS

Please list the first name, middle initial, last name, title, and number of years with agency for each principal. Attach additional sheets if needed.

First Name	MI	Last Name	Title	Years w/Agency

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

### AGENCY HISTORY

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:

Have any Errors and Omissions claims been made against the agency within the last five (5) years?

**Yes**     **No** If yes, please attach full details, stating nature of claim, date of claim, loss payments and disposition, E&O carrier handling claim, etc.

### AGENCY KEY CONTACTS

Please list key personnel that should be primary contacts for product offerings, accounting, operational procedures, etc. Attach additional sheets if needed.

First Last Name	Title	Email	Direct Phone	Agent NPN (if license holder)

Note: NPN numbers will be used to determine & validate licenses

### STATES OF OPERATION

- All States
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

## 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 Agency may ask you to complete a supplementary application detailing your agency's premium and loss history.

I hereby authorize V3 Insurance Agency 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 Agency 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.

Signature of Agency Owner/Principal: \_\_\_\_\_

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

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

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

V3 Insurance Agency Inc. is a licensed insurance agency (formerly known as Affiliated Agency Operations Co.) and is ultimately owned by Berkshire Hathaway Inc. V3 Insurance Agency (formerly known as Total Resources Insurance Agency in California) transacts business under California License #0F51744. © 2023.

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