



PWA Membership – Application

(All information is held as confidential and only for use by PWA or their authorized representatives)

Complete online or print and fill in manually

Navigation = Tab Key or Mouse

1. a) Name of agency _____
 b) Physical address _____
 City, state, zip _____
 c) Mailing address _____
 City, state, zip _____
 d) Telephone _____ Fax _____
 e) Contact person / Title _____
 f) Email address _____ Website _____
 g) Agency entity type (Sole Proprietor, Partnership, Corporation, Other): _____
 h) Insurance agency License # _____
 h) Federal employer ID# _____

2. Explain any other businesses associated with your agency: _____

3. Please identify any subsidiaries, affiliated companies, or other locations: _____

4a. Total number of employees _____
 Employee / Producer Name _____ California License Number _____

4b. List employees / producers, including partners, officers, accounting, managers:

Name	Title Job Description	% Ownership	License #	Yrs @ Agency	Yrs in Industry

5a. What is the anticipated year end premium volume and year end revenue for your agency? _____ / _____
 Last Years Premium Volume (12 mos) Commission \$ (12 mos)



Commercial, w/o WC		
Personal		
Health and Life		
Workers Compensation		

5b. What percentage of total written premium is placed with Excess & Surplus Brokers, MGA's, or MGU's? _____

5c. Do you specialized in any special industries or insurance programs (ie: construction, trucking, motels, etc.), if so please describe?

5d. Please list the states in which you are licensed to do business:

6. Top 5 preferred commercial lines companies with premium volume over \$200,000

Company	Volume	Loss Ratio

7. Top 5 preferred personal lines companies with premium volume over \$200,000

Company	Volume	Loss Ratio

8. Profit sharing received last year

Company	Amount	Company	Amount

9. Names of companies, if any, that have terminated an appointment with your agency within the past 5 years, please include reason.

Company	Reason For Termination

10. What management system is used by your agency (Applied, AMS, Other): _____ Version: _____

11. Are you, or have you ever been, a member of an insurance agency cluster (Yes / No)?



If yes, please state reason for wanting to leave or having left.

12. What is your reason for joining PacWest Alliance cluster?

13. Do you belong to any associations or professional groups, ie: IBA West, WIAA, etc. Please list below?

14. Background Information:

Read Carefully: Background investigation will occur

- a. Has the agency or any of its partners filed for bankruptcy within the last five years?
b. Has the agency or any of its partners been discharged from bankruptcy within the last five years?
c. Does the agency or any of its partners have delinquent unpaid debts exceeding, in total, \$10,000?
d. Has the agency or any of its partners pled guilty, no contest or been convicted of any misdemeanor involving dishonesty or breach of trust within the last five years?
e. Has the agency or any of its partners ever pled guilty, no contest or been convicted of any felony?
f. Has the agency or any of its partners' insurance licenses ever been revoked, or surrendered, in any state?
g. Has the agency or any of its partners ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization as a result of your activities in the business of insurance, securities, banking, investment banking, or real estate?
h. Does the agency or any of its partners have any pending complaint, investigation or preceding that could result in a YES answer to any of the previous questions?

15. In determining your eligibility to join PacWest, and maintaining that membership, PacWest may conduct background checks on all principles and partners of your agency. Such background checks may include the ordering of consumer reports from a consumer reporting agency containing information on criminal and credit history.

If you have answered YES to any question, provide complete details and appropriate documents

16. Comments:

17. Type/Print:



Name

Title

Signature: _____

Date: _____

Please see attached cover letter for additional information

ver 11/18