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|----------------------|--|--|
| 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?

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

| Company | Volume | Loss Ratio |
|---------|--------|------------|
| | | |
| | | |
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7. Top 5 preferred personal lines companies with premium volume over \$200,000

| Company | Volume | Loss Ratio |
|---------|--------|------------|
| | | |
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| | | |

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, _____) Version: _____
Other): _____

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? Yes No
- b. Has the agency or any of its partners been discharged from bankruptcy within the last five years? Yes No
- c. Does the agency or any of its partners have delinquent unpaid debts exceeding, in total, \$10,000? (Add together delinquent: consumer debt, tax liens, loans, child support payments, alimony payments, civil judgments, and other delinquent debt.) Yes No
- 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? Yes No
- e. Has the agency or any of its partners ever pled guilty, no contest or been convicted of any felony? Yes No
- f. Has the agency or any of its partners' insurance licenses ever been revoked, or surrendered, in any state? Yes No
- 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? Yes No
- 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? Yes No

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 05/16