

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 Propr | letor, Partnersnip, Corporation, Other). |
| h) Insurance agency License # | |
| i) Federal employer ID# | |
| Agency Accounting Period | |
| | |
| 2. Explain any other businesses a | issociated with your agency: |
| | |
| | |
| 2. Diseas identify any sybeidistic | efficient companies of other locations. |
| 3. Please identity any subsidiaries | s, affiliated companies, or other locations: |
| | |
| | |
| As Total number of employees | |
| 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 |
|------|--------------------------|----------------|-----------|-----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Clovis, CA 93613 License# 0E32741



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, AM | S, |
|----------------------------------------------------------------|----|
| 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 reasor | n for joir | hing Pac | West Al | liance |
|------|---------|-------------|------------|----------|---------|--------|
| clus | ster? | | | | | |

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? | | |
| 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

License# 0E32741

Version:



| 16. Comments: | | | | |
|---------------------------|-----------------------------------|-------|-------|--|
| 17. Type/Print: | | | | |
| | Name | | Title | |
| Signature: | | Date: | | |
| Please see attached cover | letter for additional information | | | |

ver 1/01/23