



PRODUCER APPLICATION

Producer Information

1. Business Name (DBA): _____ Contact Name & Title _____

2. Mailing Address: _____ City: _____ State: _____ Zip: _____

3. Physical Address (if different than mailing): _____

4. Phone: (____) _____ - _____ 5. Fax: (____) _____ - _____ 6. General Email: _____

7. Owners Email: _____ 8. Website: _____

9. Principal, Partner and or Corporate Office:

Principal Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone / Cell Number: (____) _____ - _____ SSN #: _____ Lic#: _____

10: Incorporated: Y or N – Type: Corp. LLC Sole Proprietor Partnership FEIN: _____

Questions (Circle)

- | | |
|---|--------|
| 1. Have you or your firm ever been named in any suit? | Yes No |
| 2. Have you or your firm ever filed for bankruptcy? | Yes No |
| 3. Have you or your firm ever been investigated by the Department of Insurance? | Yes No |
| 4. Have you had a contract cancelled or denied? | Yes No |
| 5. How many years in business? | _____ |
| 6. Number of locations? | _____ |

(Please attach a list containing each office address, licensed producer, FSC customer number and contact info.)

Top Carriers Represented

Company Name	YTD Written Premium	PIF
1.		
2.		
3.		
4.		
5.		



License Information

Complete for all producers that will be writing business for ClearSide General. Please include a copy of a producer's license for each branch location:

Producer Name: _____ Title or Position: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Home Phone # _____

Resident License Number: _____ Exp Date: _____

***I HEREBY AUTHORIZE CLEARSIDE GENERAL TO OBTAIN A BACKGROUND CHECK REPORT AND I UNDERSTAND IT MAY CONTAIN INFORMATION ABOUT MY CREDIT WORTHINESS, CHARACTER, AND CRIMINAL HISTORY.

x Producer Signature: _____

I hereby acknowledge that the ClearSide General Insurance Services, LLC and/or it's representatives, may from time to time, conduct personal, business, or financial credit or reference checks of the applicant, it's owners, officers, or licensed employees. I also certify that the information herein is true and accurate.

Principal Signature _____ Date _____