

California Producer Questionnaire

Thank you for your interest in an appointment with our company

YOU ARE APPLYING FOR: ANCHOR GENERAL INSURANCE AGENCY, INC. PACSTAR GENERAL INSURANCE AGENCY, INC. BLUESTAR GENERAL INSURANCE AGENCY, INC. **CHECKLIST** In order for us to process your request, please provide the following documents: Producer questionnaire Copy of your license ☐ Copy of your E&O Certificate or Declaration Page ☐ Copy of your Bond (CA only) Copy of loss ratio (from three different carriers) ☐ Completed and signed ACH form (trust account) □ attach voided check ☐ Completed and signed ACH form (commission direct deposit) ☐ attach voided check Completed and signed W-9 COMPARATIVE RATER TYPE (CHECK ALL THAT APPLY) ☐ FSC/PL RATER ☐ MULTICO ☐ QUICKQUOTE ☐ EZLYNX ☐ OTHER COMPARATIVE RATER ACCOUNT #: AGENCY MANAGEMENT SYSTEM INFORMATION DO YOU USE A MANAGEMENT SYSTEM? YES NO IF YES, WHICH AGENCY MANAGEMENT SYSTEM? If you would like downloads, please provide the following information: PHONE NUMBER: DOWNLOAD CONTACT PERSON: LOCATION: ___ CONTACT PERSON EMAIL: DOES ONE OFFICE DO THE DOWNLOAD (MASTER), OR DOES EACH OFFICE DO THEIR OWN (MULTIPLE)? If the selection is multiple, please provide additional information on the "ADDITIONAL OFFICE FORM", which you can obtain from your field Sales Representative, or email to marketing@anchorgeneral.com. YOUR CONTACT INFORMATION EMAIL ADDRESS (MUST ENTER): EMAIL ADDRESS FOR COMMISSION (IF DIFFERENT): AGENCY WEBSITE: # OF OFFICE LOCATIONS: MAIL CORRESPONDENCE TO: ☐ MAIN MAILING ADDRESS OTHER: MAIL COMMISSIONS TO: MAIN MAILING ADDRESS OTHER: ERRORS AND OMISSIONS INFORMATION DATE OF EXPIRATION: ____ E&O CARRIER: TWO WAYS TO SEND YOUR DOCUMENTS

MAIL TO: EMAIL TO: MARKETING DEPARTMENT MARKETING

MARKETING DEPARTMENT PO BOX 509020 SAN DIEGO, CA 92150-9020 MARKETING@ANCHORGENERAL.COM

AGENCY INFORMAT	ION						
MAIN AGENCY NAME:			TELEPHONE #:		FAX#:		
MAIN STREET ADDRESS:		CITY:	STATE:	COUNTY:		ZIP:	
MAIN MAILING ADDRESS: CITY:		CITY:	STATE:	COUNTY:		ZIP:	
				<u> </u>			
TAX ID:	AGENCY STATUS (CH	HECK ONE):		# OF LOCATION	ONS: # 0	OF PRINCIPALS:	
	☐ CORP. ☐	☐ PARTNERSHIP ☐ SOLE PROP	P. DTHER				
EMAIL ADDRESS:			WEBSITE ADDRESS:				
NAME ON AGENCY LICENSE:			AGENCY/INDIVIDUAL I	LICENSE#:			
WHICH NEIGHBORHOOD/AREA DOES	S YOUR AGENCY SERVE	E?					
AGENCY TOTAL WRITTEN PREMIUM?	AGENCY TOTAL	. AUTO APPLICATION COUNT?	DUNT? % NON-STANDARD: % STANDARI			RD/PREFERRED:	
TOP THREE (3) NON-	-STANDARD	AUTO COMPANIES (I	N ORDER OF V	/OLUMF)		
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COMPANY:		ANNUAL WP VOLUME:		LOSS RATIO:	% MONTHL	Y APP COUNT:	
					70		
COMPANY:		ANNUAL WP VOLUME:		LOSS RATIO:		Y APP COUNT:	
		\$			%		
TOP THREE (3) STAN	DARD/PREFE	ERRED AUTO COMPA	NIES (IN ORDE	R OF VC	DLUME)		
COMPANY:		ANNUAL WP VOLUME:		LOSS RATIO:	% MONTHL	Y APP COUNT:	
COMPANY:		ANNUAL WP VOLUME:		LOSS RATIO:	% MONTHL	Y APP COUNT:	
					, o		
COMPANY:		ANNUAL WP VOLUME:		LOSS RATIO:	% MONTHL	Y APP COUNT:	
		Ψ			70		
HOW DO YOU GENE	RATE YOUR E	BUSINESS?					
\square BUY LEADS%	WALK IN BUSINESS	s% □ TV	$\%$ \square radio $_$	% □	INTERNET _	%	
☐ OTHER:							

GENERAL INFO	DRMAT	ION						
AGENCY PRINCIPAL NAME:		DATE OF BIRTH:		SOCIAL SECURITY/TAX ID#:				
INSURANCE LICENSE#:		EXP DATE:	TITLE/NICKNAME:		NOTES:			
HOME STREET ADDRESS	:		CITY:		STATE:	COUNTY:	ZIP:	
To add additional o marketing@anchor			equest an 'Addition	nal Office Fo	orm' from your	field Sales Repr	esentative, or	email to
DOES YOUR A	GENCY	WRITE ANY	OF THE FOLI	_OWING?)			
☐ MOTORCYCLE	□ со	MMERCIAL AUTO	□ RVs	☐ LOW V	ALUE DWELLING	☐ HOMEOWN	ERS	
□ BOATS	☐ JET	SKI	☐ ATVs	☐ LIFE PF	ODUCTS			
AUTHORIZATI	ON TO	ORTAIN CRI	FDIT & BACKG	ROUND	CHECK			
ANCHOR GENERA DISCLOSURE REGA		•						
Anchor General Insurance of a "Consumer Report" w records"), verification of y report. This release and all	Agency, Inc.	may obtain informat	ion about you from a thir	na voir criminal	history Cocial Cocurit	h Number validation	motor vohiclo roca	rde C'drivina
You have the right, upon these searches will be conwww.hiresafe.com.	vritten reaues	st made within a reas	sonable time, to reauest v	vhether a Consu	mer Report has been	run about vou and to	reauest a copy of v	vour report.
For a Summary of Your Ri https://files.consumerfin				_2018-09.pdf/				
ANCHOR GENERA DISCLOSURE FOR								
Anchor General Insuranc An Investigative Consum reports with or without regarding your criminal i background checks with agencies.	information history, Socia	obtained from pers I Security Number v	sonal interviews). The I alidation, motor vehicle	nvestigative Co records ("drivin	nsumer Report may g records"), and verif	v also contain, but is iication of your educa	not limited to, in tion or employme	nformation nt, or other
You may request more in extent permitted by law,	formation al Anchor Gene	oout the nature and eral Insurance Agend	scope of an Investigative cy, Inc. may obtain an Ir	e Consumer Rep ovestigative Cor	oort, if any, by contac sumer Report throu	ting <mark>Anchor General</mark> ghout the course of ye	Insurance Agency, our business.	Inc. To the
If adverse action is taken you will have the option Suite 130, Elk Grove, CA	to receive a	copy of the report fr	om HireSafe Employme	nt Screening. H	ireSafe Employment	Screening can be cor	Consumer Reporti ntacted at 2228 Lo	ng Agency, ongport Ct.
I certify that I have unde background and credit c		ead the above. In co	njunction with my requ	est to be appoir	nted, I authorize Anc	hor General Insurai	nce Agency, Inc.	to obtain a
AGENCY PRINCIPAL			DATE		MARk	ETING REPRESENTAT	TIVE	_

PACSTAR GENERAL INSURANCE AGENCY, INC. DISCLOSURE REGARDING BACKGROUND INVESTIGATION

PacStar General Insurance Agency, Inc. may obtain information about you from a third party Consumer Reporting Agency for contracting with us. Thus, you may be the subject of a "Consumer Report" which may contain, but is not limited to, information regarding your criminal history, Social Security Number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks with an appropriate and demonstrated business need such as a personal credit report. This release and authorization includes all state and federal agencies.

You have the right, upon written request made within a reasonable time, to request whether a Consumer Report has been run about you and to request a copy of your report. These searches will be conducted by HireSafe Employment Screening, Phone: 916-226-2550, Fax: 916-226-2552, 2228 Longport Ct. Suite 130, Elk Grove, CA 95758, http://www.hiresafe.com.

For a Summary of Your Rights Under the Fair Credit Reporting Act, please visit:

https://files.consumerfinance.gov/f/documents/bcfp_consumer-rights-summary_2018-09.pdf/

PACSTAR GENERAL INSURANCE AGENCY, INC. DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

PacStar General Insurance Agency, Inc. may request an "Investigative Consumer Report" about you from a third party Consumer Reporting Agency in contracting with us. An Investigative Consumer Report is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The Investigative Consumer Report may also contain, but is not limited to, information regarding your criminal history, Social Security Number validation, motor vehicle records ("driving records"), and verification of your education or employment, or other background checks with an appropriate and demonstrated business need such as a personal credit report. This release and authorization includes all state and federal agencies.

You may request more information about the nature and scope of an Investigative Consumer Report, if any, by contacting PacStar General Insurance Agency, Inc. To the extent permitted by law, PacStar General Insurance Agency, Inc. may obtain an Investigative Consumer Report throughout the course of your business.

If adverse action is taken resulting from information obtained, in whole or in part, from an Investigative Consumer Report obtained from a Consumer Reporting Agency, you will have the option to receive a copy of the report from HireSafe Employment Screening. HireSafe Employment Screening can be contacted at 2228 Longport Ct. Suite 130. Elk Grove. CA 95758. http://www.hiresafe.com or by phone/ fax or Phone: 916-226-2550. Fax: 916-226-2552.

Salle 150, Elk Grove, CA 55750, http://www.hiresuje.com or	by priorie, jux of Triorie. 510 220 2	1330, Tux. 310 E20 E33E.
I certify that I have understood and read the above. In conjubackground and credit check.	ınction with my request to be appoi	inted, I authorize PacStar General Insurance Agency, Inc. to obtain o
AGENCY PRINCIPAL	DATE	MARKETING REPRESENTATIVE

BLUESTAR GENERAL INSURANCE AGENCY, INC. DISCLOSURE REGARDING BACKGROUND INVESTIGATION

BlueStar General Insurance Agency, Inc. may obtain information about you from a third party Consumer Reporting Agency for contracting with us. Thus, you may be the subject of a "Consumer Report" which may contain, but is not limited to, information regarding your criminal history, Social Security Number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks with an appropriate and demonstrated business need such as a personal credit report. This release and authorization includes all state and federal agencies.

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I certify that I have understood and read the above. In conjuna a background and credit check.	nction with my request to b	oe appointed, I authorize BlueStar General Insurance	Agency, Inc. to obtain
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AGENCY PRINCIPAL	DATE	MARKETING REPRESENTATIVE	