



UnitedAmerica Insurance Group

Three Bala Plaza East
Suite 300
Bala Cynwyd, PA 19004
P: 610.664.1500
F: 610.660.8882

Member Companies

Penn-America Group

Penn-America
Insurance Company

Penn-Star
Insurance Company

Penn-Patriot
Insurance Company

United National Group

United National
Insurance Company®

Diamond State
Insurance Company®

United National Specialty
Insurance Company®

United National Casualty
Insurance Company®

A member of
UnitedAmerica Indemnity, Ltd.

Dear Producer:

Thank you for completing the attached United America Insurance Group [Producer Profile](#) on behalf of your company.

United America Insurance Group has procedures in effect to ensure compliance with the Violent Crime Control and Law Enforcement Act of 1994 ("The Act"), for which the NAIC adopted Guidelines effective March 1998. The Act prohibits anyone convicted of a felony crime involving trustworthiness from participating in insurance activities. The Act also makes it a felony for insurance companies and insurance agents to conduct insurance business with anyone falling into that category. Therefore, in order to ensure compliance with the Act, we have adopted procedures, which, among other things, require us to perform background checks on the owners of companies with whom we will be conducting business. To that end, we have enclosed a [Consumer Authorization](#) form which we request each person with an ownership interest in the company to complete and return along with the Producer Profile so that we may proceed with the search. Also, we request you complete the [Corporate Certification](#) and return that along with the Producer Profile. We have also attached a [Consumer Notification](#) form and a [Summary of Consumer Rights](#) for your review.

Please remember that we are conducting these searches to ensure our compliance with The Act and apologize for any inconvenience. Each agent continues to be responsible for ensuring their own compliance under The Act.

Thank you for your anticipated cooperation.



UnitedAmerica Insurance Group

PRODUCER PROFILE

Members

Penn-America® Group

Penn-America Insurance Company
Penn-Star Insurance Company
Penn-Patriot Insurance Company

United National Group®

United National Insurance Company®
Diamond State Insurance Company®
United National Specialty Insurance Company®
United National Casualty Insurance Company®

PRODUCER PROFILE

Please type or print your answers. Use a separate sheet if necessary.

A. COMPANY INFORMATION

1. **Business Name:** _____
(include all business names under which you conduct insurance operations)
2. **Principal Address:**
Street: _____
City: _____
State: _____ Zip: _____
3. **Mailing Address** (if different from above):
Street: _____
City: _____
State: _____ Zip: _____
4. **Telephone:** _____ **Facsimile:** _____
5. **Website address:** _____
6. CORPORATION PARTNERSHIP INDIVIDUAL LLC
7. **Taxpayer ID Number:** _____

B. BACKGROUND

1. **Year Business Established** _____
2. **During the past five years has the firm acquired/merged with another firm or has the firm changed names?**
 YES NO
If YES, please describe:

3. a. **List any individuals or entities that own an interest in the producer:***

- b. **List any entity or entities in which the producer owns an interest:***

***Please attach a chart of ownership structure for both.**

PRODUCER PROFILE

C. PRINCIPALS & PERSONNEL (of business named in A.1.)

1. Breakdown of Staff	<u>Current Year</u>	<u>Prior Year</u>
No. Principals/Partners, Owners:	_____	_____
No. Officers/Managers	_____	_____
No. Brokers (other than above)	_____	_____
No. Commercial Underwriters	_____	_____
TOTAL STAFF	_____	_____

2. List Principals/Officers/Senior Brokers*/Senior Underwriters*

Name	Title or Position	Year Started in Insurance	Year Started with Producer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please attach resumes of Senior Brokers & Senior Underwriters.**

3. List Owners/Shareholders:

- a. Name _____ Percentage of Ownership _____
Address _____
- b. Name _____ Percentage of Ownership _____
Address _____
- c. Name _____ Percentage of Ownership _____
Address _____

D. OPERATIONS

1. Do you write business outside your state of domicile?

YES NO

If YES, please explain:

List all branch offices:

PRODUCER PROFILE

2. **Does the business operate as a wholesaler, MGA, retailer or combination?**

____% Retailer ____% Wholesaler Brokerage ____% MGA Binding Authority

3. **How is your organization licensed?** (i.e., excess and surplus line broker, reinsurance intermediary or other insurance/reinsurance organization)

4. **List states with licenses** (include copies of all your current licenses):

<u>State</u>	<u>State</u>
_____	_____
_____	_____
_____	_____

5. **List by state the number of agents/brokers from whom business is received:**

State	No.	State	No.	State	No.	State	No.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

6. **Do retail agents/brokers for whom you place business sign an agreement as respects submission of business and payment of premium?**

YES (please attach a copy of the agreement) NO

7. **Industry association memberships:** _____

E. PREMIUM VOLUME AND DISTRIBUTION

1. **Your total volume for the last five (5) years** (regardless of line, carrier or whether you still write the business):

<u>YEAR</u>	<u>VOLUME</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PRODUCER PROFILE

2. Volume by Line Of Business:

LINE OF BUSINESS	CURRENT YEAR	PRIOR YEAR
Property	_____	_____
General Liability	_____	_____
Automobile	_____	_____
(Liability)	_____	_____
(Physical Damage)	_____	_____
Package	_____	_____
Umbrella & Excess	_____	_____
Professional Liability	_____	_____
Personal Lines	_____	_____
Other (please describe)	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

3. List major carriers represented in order of premium volume:

Name	Years Represented	Annual Volume*	Binding Authority Yes/No*	Commission	Received Contingency Commission Last 12 mos. Yes/No*	Loss Ratio*
a.						
b.						
c.						
d.						

Please attach a separate schedule for additional carriers.

***Provide last annual calculation and currently valued loss runs for all Binding Authority companies listed**

4. Describe scope of binding authority of carriers listed in E. 3.:

<u>CARRIER</u>	<u>LINE OF INSURANCE</u>	<u>LIMIT OF AUTHORITY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Describe claims handling procedures:

PRODUCER PROFILE

6. Provide the name, phone number and title of two contacts from current or past companies represented in a binding authority capacity:

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>

7. Carriers discontinued in the last five (5) years:

F. PRODUCTION COMMITMENT

1. States where authority is requested: _____

2. Anticipated volume to us will come from the following sources:

a. New Business	\$ _____
b. Transfer from Current Carriers in Office:	\$ _____
c. Transfer from Discontinued Carriers:	\$ _____

Explain Briefly: _____

G. FINANCIAL (most current annual and quarterly Income Statement and Balance Sheet along with auditors notes)

1. Provide address of office handling financials (if not handled by principal office):

Street _____
 City _____
 State _____ Zip _____
 Name of Accounting Contact _____

2. Bank References

Name _____
 Bank Address _____
 Bank Contact _____
 Name _____
 Bank Address _____
 Bank Contact _____

PRODUCER PROFILE

3. **Do you maintain fidelity coverage over all officers and employees?**

YES NO

If YES, please complete the following:

Insurance Carrier _____

Limits _____

Deductible _____

Expiration Date _____

4. **Do you maintain errors & omissions coverage?** YES NO

If YES, please complete the following:

Insurance Carrier _____

Limits _____

Deductible _____

Expiration Date _____

5. **Are there any known or anticipated contingencies that may negatively impact your financial condition?** YES NO

If YES, please explain:

H. LEGAL / REGULATORY INFORMATION

1. **Have you, your company, or any owner or employee of the company received notice of any pending or final disciplinary action by a state insurance department or other state or federal regulatory agency at any time?**

YES NO

- If YES, please complete the Addendum attached hereto.

2. **Is there any pending or threatened litigation against the company, any of the owners, or any of the principals?**

YES NO

- If YES, please complete the Addendum attached hereto.

3. **Are there any judgments within the past 5 years against the company or any of the owners or principals that exceed \$10,000?**

YES NO

- If YES, please complete the Addendum attached hereto.

PRODUCER PROFILE

I. Do you wish to be added to our distribution list for electronic delivery of various underwriting and marketing materials?

YES NO

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete and accurate with no misrepresentations, omissions or any other concealment of fact.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME OF APPLICANT: _____

TITLE: _____

BE SURE TO INCLUDE COPIES OF:

1. LICENSES
2. RESUMES
3. AUDITED FINANCIAL STATEMENTS (most current annual and quarterly Income Statement and Balance Sheet along with auditors notes)
4. FIDELITY DECLARATION PAGE
5. ERRORS & OMISSIONS DECLARATION PAGE
6. CHART OF OWNERSHIP STRUCTURE
7. REQUIRED ADDENDUMS

RETURN TO:

Brian Jones
Legal Department
UNITED AMERICA INSURANCE GROUP
Three Bala Plaza East
Suite 300
Bala Cynwyd, PA 19004
Phone: 610.660.5448, Fax: 610.668.3399



CONSUMER AUTHORIZATION

(To be completed by all Owners & Principals)

To Whom It May Concern:

I hereby authorize and request any consumer reporting agency to furnish bearer with any and all information in their possession regarding me. I consent that a photocopy of this authorization be accepted with the same authority as the original. I understand this Authorization is to be part of my permanent business records maintained by United America Insurance Group.

I have been given a stand alone, Consumer Notification that a report will be requested and used for the purpose of evaluating me for appointment as an agent or broker. I have also been given a Summary of Consumer Rights as required by the Federal Trade Commission.

Print name: _____

Signature: _____

Date of Birth (for identification purposes only): _____

Social Security Number (for identification purposes only): _____

If name changed (through marriage or otherwise) print former name here:

List your residences for the last ten (10) years starting with your current address, giving:

Date	Address	City, State, ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone Number: _____

Business Address: _____

Business Phone Number: _____

CONSUMER AUTHORIZATION

(To be completed by all Owners & Principals)

To Whom It May Concern:

I hereby authorize and request any consumer reporting agency to furnish bearer with any and all information in their possession regarding me. I consent that a photocopy of this authorization be accepted with the same authority as the original. I understand this Authorization is to be part of my permanent business records maintained by United America Insurance Group.

I have been given a stand alone, Consumer Notification that a report will be requested and used for the purpose of evaluating me for appointment as an agent or broker. I have also been given a Summary of Consumer Rights as required by the Federal Trade Commission.

Print name: _____

Signature: _____

Date of Birth (for identification purposes only): _____

Social Security Number (for identification purposes only): _____

If name changed (through marriage or otherwise) print former name here:

List your residences for the last ten (10) years starting with your current address, giving:

Date	Address	City, State, ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone Number: _____

Business Address: _____

Business Phone Number: _____

CONSUMER NOTIFICATION

This is to inform you that consumer reports or an investigative consumer report are being obtained from consumer reporting agencies for the purpose of evaluating you for appointment as an agent or broker.

The reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from both public and other record sources or through interviews with business associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

CORPORATE CERTIFICATION

The undersigned hereby certifies that _____
(Name of Company)

(the "Company"), is in compliance with the Violent Crime Control and Law Enforcement Act of 1994 and that to the best of their knowledge, no employee of the Company who may have contact with the policyholders of an insurer, or who may have access to the books and records of an insurer has been convicted of a felony crime.

The undersigned further certifies that in the event of a change to the above information, United America Insurance Group will be notified in writing within thirty days of the Company receiving notice of conviction.

IN WITNESS WHEREOF, I hereby subscribe my name and affix the seal of the
Company this _____ day of _____ in the year _____.

By: _____

Typed Name: _____

Title: _____

SUMMARY OF CONSUMER RIGHTS

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about criminal histories). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus. For more information, go to www.ftc.gov/credit.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. If you have questions or believe your file contains errors, please contact our Legal Department toll free at 1-800-333-0352 for the name and phone number of the applicable consumer reporting agency.