

## PRODUCER PROFILE – ANNUAL REVIEW

### United America Insurance Group Members

**Penn-America Group**

Penn-America Insurance Company  
 Penn-Start 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®

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

**A. GENERAL INFORMATION**

1. Business Name: \_\_\_\_\_
  2. Principal address:
    - Street: \_\_\_\_\_
    - City: \_\_\_\_\_
    - State: \_\_\_\_\_ Zip: \_\_\_\_\_
    - Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_
    - Website: \_\_\_\_\_
    - Taxpayer ID Number: \_\_\_\_\_
- Corporation     
  Partnership     
  Individual     
  LLC

**B. BACKGROUND**

1. In the past year, has the company acquired/merged with another company, or has the company changed names?       Yes       No  
 If "Yes", please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. In the past year has the company been acquired, become owned by, associated or affiliated with or become controlled by any other business interest?       Yes       No  
 If "Yes", please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. PRINCIPALS & PERSONNEL**

1. In the past year have any of the Principals/Officers/Brokers changed?       Yes       No  
 If "Yes", please list current Principals/Officers/Brokers:

Name of Principal	Title or Position	Year Started in Insurance	Year Started with Producer

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2. In the past year have any of the Shareholders changed?     Yes     No

Please list all current shareholders. Complete the attached Consumer Authorization for each person listed below.

Name: _____ % of Ownership: _____	Name: _____ % of Ownership: _____
Name: _____ % of Ownership: _____	Name: _____ % of Ownership: _____

### D. OPERATIONS

1. In the past year has the company opened or closed any branch offices?     Yes     No

If "Yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

2. List major companies 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.						

3. **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)	_____	_____
_____	_____	_____
<b>Total</b>	_____	_____

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4. In the past year has the company discontinued any companies?      Yes      No

If "Yes", please list and state reason:

Name of Company	Reason

5. 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.

6. 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.

7. Are there any judgments within the past year against the company or any of the owners or principals that exceed \$10,000?     Yes       No

If "Yes," please complete the Addendum attached hereto.

**E. FINANCIAL**

1. In the past year has the company's Bank changed?     Yes       No

Please list:

<b>Name:</b>
<b>Address:</b>
<b>City, State, Zip</b>
<b>Bank Contact:</b>

2. Are there any known or anticipated contingencies that may negatively impact your financial condition?     Yes     No

If "Yes," please explain:

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- F. 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Please be sure to include copies of all licenses in states where the Producer is authorized to write business on behalf of the Company.**

**Return all documents 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

Should you have any questions, please contact your United America Insurance Group underwriter.



## EXHIBIT A

### 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 or for retention 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:

<b>Date</b>	<b>Address</b>	<b>City, State, ZIP</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

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

<b>Date</b>	<b>Address</b>	<b>City, State, ZIP</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

## EXHIBIT B

### 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 or retention 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.

**EXHIBIT C  
UNITED AMERICA INSURANCE GROUP  
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](http://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](http://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](http://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](http://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](http://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](http://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.**