



ISM Appointment Application



General Information

Name _____
 Address (home) _____
 City _____ County _____ State _____ Zip _____
 Address (office location) _____
 City _____ County _____ State _____ Zip _____
 Referral Source: _____ Phone _____
 Email Address: _____ Fax _____

Marketing Profile

Year Established _____ Total Premium Volume (Personal & Commercial) \$ _____
 Mix of business: Personal Lines _____% Commercial lines _____% Other _____%
 E&O Insurance? Yes No Carrier _____ Exp. Date _____
 E&O Limits _____ Deductible _____ P&C License # _____
 Growth Goals: 1st Year _____ 2nd Year _____ 3rd Year _____

Company Experience

LIST ALL STANDARD CARRIERS	WRITTEN PREMIUM/LOSS RATIO*					
	Current Year		1 st Prior Year End		2 nd Prior Year End	
1.	\$.	\$.	\$.
2.	\$.	\$.	\$.
3.	\$.	\$.	\$.
4.	\$.	\$.	\$.
5.	\$.	\$.	\$.
6.	\$.	\$.	\$.

The undersigned hereby represents that they are a duly authorized representative of the above named insurance agency. The undersigned further represents and acknowledges that the information provided is accurate and that it will be relied upon by the Master Agency to evaluate the potential business relationship with Applicant.

Applicant's Signature _____ Date _____

PERSONAL FINANCIAL STATEMENT

Section 1 – Individual Information (type or print clearly)		Section 2 – Other Party Information (type or print clearly)	
Name		Name	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Section 2 – Statement of Financial Conditions as of		Section 2 – Statement of Financial Conditions as of	
Cash on hand in bank(s)		Cash on hand in bank(s)	
Rental properties – Total market value		Rental properties – Total market value	
Automobiles (total value)		Automobiles (total value)	
Real Estate mortgages payable – Total amount due		Real Estate mortgages payable	
Additional Real Estate income		Additional Real Estate income	
Other debts (car payment, credit card, etc.) Total balance due		Other debts (car payment, credit card, etc.) Total balance due	
Annual Income	Total Debt	Annual Income	Total Debt
Bonuses/Commissions	Other Income	Bonuses/Commissions	Other Income

RELEASE: I verify the accuracy of the above information and authorize ICA Agency Alliance, Inc to contact my bank(s) and credit agencies to verify the acceptability of my credit, both personal and corporately if applicable.

Date signed _____ Signature (individual)

Date signed _____ Signature (other party)

Privacy Practices

When you apply for a Membership, you discuss information about yourself. Law regulates the collection, use and disclosure of such information. We want you to understand how we gather information about you, how we protect it and how you can help to ensure it's accuracy.

1. **Personal Information Collected From or About You**

We collect personal information from you, or from third parties about you, as part of the membership application process, for example:

- Information we receive from you on applications and other forms such as your name, address, phone number and financial information;
- Information about your transactions with us and our service providers;
- Information we receive from consumer reporting agencies,
- Information received from insurance carriers regarding your application.

2. **Sharing Information Gathered**

We may share information about you in the normal business of conducting due diligence. We are permitted by law to share information about you when you become a member for example:

- Any of our affiliated companies;
- Reporting agencies;
- Law enforcement agencies or other governmental authorities to report suspected illegal activities;
- Persons or organizations conducting subject to appropriate confidentiality agreements; and
- As otherwise permitted or required by law.

3. **Protecting Information Gathered**

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. This information is kept internal except when required or permitted by law, and is not available to the general public. We maintain electronic and procedural safeguards that comply with applicable regulations to guard your nonpublic personal information.

4. **How You Can Review Your Personal Information**

Generally you have the right to review and receive a copy of the recorded personal information about you contained in our files. You have the further right to request that we correct any of this information. To exercise these rights, you must send us a notarized request at the address set forth below stating your complete name, address, daytime phone number, and a copy of your driver's license or other personal identification. If you believe any information is incorrect, we will investigate and correct it if we can substantiate the error. Even if we do not correct the information, you have the right to file with us a written statement of dispute, which we will include, in any future disclosure of information.

5. **How To Contact Us** If after reading this, you have any questions about our privacy policy or information contained in our files about you, please write to us at the following address: **ICA Agency Alliance, Inc 2055 Anglo Dr Ste 200 Colorado Springs, CO 80918**