



Thank you for your interest in partnering with Concorde or growing an existing partnership. We take great care to ensure that each contract extended is a good fit for all parties.

Please read through these instructions carefully. Incomplete or incorrect submissions may cause a delay in contracting with Concorde General Agency, Inc. and/or appointments with the carriers we represent.

This form is designed to assist in evaluating our potential business relationship. Please be as accurate as possible and provide all information requested, as this will not only help us in making a determination regarding your request, but will also provide the information necessary to set your agency up with our carriers should an appointment be granted.

Please Note:

Section III - Agency Employees - This section must be completed for any licensed or non-licensed employee requesting access to Concorde's online tools, rating systems and our carriers' rating systems. A unique email address is required for each user account in our system. If more than one individual in your office uses the same e-mail address, only one system log in will be set up per e-mail address.

Section IV - American Modern Disclosure Form - This section must be completed and signed by each **licensed** agent, CSR or admin who requests access to the American Modern Insurance Group online rating system, modernLINK. The Producer/SubProducer Number fields will be completed by Concorde General Agency.

Please make additional copies of these sections as necessary.

Application Checklist:

Please include the following in your submission to Concorde General Agency:

- Agency Application for Contract Form (all sections must be completed)
- Copy of E&O Dec Page
- Copy of Agency License (all states for which the appointment is requested)
- Copies of Agent/Producer Licenses (all states for which the appointment is requested)

Ways to Submit Your Application:

E-mail to agencyappointments@cgains.com

Fax to 701-232-6974

Mail to Concorde General Agency
Attn: Agency Appointments
PO Box 10459
Fargo, ND 58106

AGENCY APPLICATION FOR CONTRACT

- Seeking New Contract** Complete all sections.
- Existing Contract: Seeking to Add a Line of Business**
Complete Sections I and V, focusing specifically on the line(s) of business you are looking to add.
- Existing Contract: Adding New Location**
Complete Sections I - IV. This form is required ONLY if the new location requires a separate agency code.

Concorde Agency Code*

Seeking to Contract for the Following Lines of Business:

- Personal Lines
- Commercial Programs
- Farm & Ranch*
- Commercial E & S*

*We are currently extending a limited number of contracts for these lines. Please inquire for details.

*If currently appointed, please enter your existing agency code above. For new agencies, this number will be assigned by Concorde.

- Seeking Contract to Write in Following States:**
- AZ
 - CO
 - IA
 - ID
 - IL
 - MN
 - MT
 - ND
 - NE
 - SD
 - WI
 - WY
- Please provide agency licenses for all states requested.*

SECTION I: AGENCY INFORMATION

Please list agency name *exactly* as it appears on state license.

Agency Name (DBA): _____

Legal Name (If Different): _____

Physical Address: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____ **County:** _____

Phone Number: _____ **Fax Number:** _____

Agency Website Address: _____

Agency is: LLC C-Corp S-Corp Sole Proprietor/Individual Partnership

Federal Tax ID: _____ **Date Agency Established:** _____ **No. Licensed Employees:** _____

E&O Carrier: _____ *Provide copy of current dec page.*

E&O Limits: _____ **Policy Exp. Date:** _____

E-mail Address K \YFY'Dc`jM\gG\ci `X`6Y`G\bh

E-mail Address Where Agency Statements Should Be Sent: _____

Why do you wish to do business with Concorde General Agency? For currently contracted agents, why do you wish to add a line of business? (Must be completed to make determination of contract or change.)

Authorized Signature (Agency Principal/Manager) _____ **Date** _____

SECTION II: AGENCY PRINCIPAL/OFFICER

The person listed in this section will be used as Concorde's primary account contact. Only this person can make requests pertaining to agency ownership changes, mergers, etc.

Principal/Officer Name:		Agency Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address:			
SSN:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Years with Agency:
Residence Street Address:			
City:	State:	ZIP:	County:
Residence Phone:		Business Phone:	
Business Fax:		Number of Years in Property & Casualty Business:	
License Number:		License Type:	
National Producer Number:			

Please answer the following questions. If you respond "Yes" to any of the following questions, attach a letter with full details.

Do you, your agency or an employee have any past due debt(s) with any insurance company or companies? Yes No

Do you, your agency or an employee currently have any outstanding and/or unsatisfied judgments or liens against you? Yes No

Have you, your agency or an employee ever made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt or insolvent, either personally or in business? Yes No

Has a bonding company ever denied, paid out on or revoked a surety or fidelity bond for you, your agency or an employee? Yes No

Have you, your agency or an employee ever been charged with, been convicted of, or pleaded no contendere (no contest) to any felony or misdemeanor? Yes No

Any violation of state insurance department regulation or statute? Yes No

Have you, your agency or an employee ever been the subject of an investment or insurance related consumer initiated complaint or proceeding? Yes No

Have you, your agency or an employee ever had an insurance or securities license denied or revoked by any state or Federal regulatory agency? Yes No

Are you, your agency or an employee currently the subject of any complaint, investigation or proceeding which could result in a "yes" answer to any of the above questions? Yes No

Are you, your agency or an employee employed by or associated with to any degree, directly or indirectly, a bank, savings & loan or other financial institution? Yes No

If you responded "Yes" to any of the above questions, attach a letter with full details.

SECTION III: AGENCY EMPLOYEES

Section III must be completed for **each licensed producer** in your agency and **each unlicensed employee** who you wish to have access to the online tools and rating systems available via Concorde's website, www.cgains.com. A unique email address is required for each account.

Agency Name:		Title:	
Email Address:		DOB:	
Bus./Direct Phone Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Years with Agency:	
Office/Branch Address: <input type="checkbox"/> Same as Main	City:	State:	ZIP:
Sales Responsibility:	<input type="checkbox"/> Producer - Multiple Lines	<input type="checkbox"/> CSR - Multiple Lines	
	<input type="checkbox"/> Producer - Commercial Lines	<input type="checkbox"/> CSR - Commercial Lines	
	<input type="checkbox"/> Producer - Personal Lines	<input type="checkbox"/> CSR - Personal Lines	
	<input type="checkbox"/> Producer - Farm & Ranch	<input type="checkbox"/> CSR - Farm & Ranch	
	<input type="checkbox"/> No Sales Responsibility		
Additional Responsibilities (Check all that apply):	<input type="checkbox"/> Premium Finance	<input type="checkbox"/> IT	<input type="checkbox"/> Accounting
	<input type="checkbox"/> Claims	<input type="checkbox"/> Marketing	<input type="checkbox"/> Administration

Licensed Employees Only:

National Producer Number:	SSN:
Resident License Number:	State: <i>Attach copy of resident license.</i>
Non-Resident States Licensed: <input type="checkbox"/> AZ <input type="checkbox"/> CO <input type="checkbox"/> IA <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> MN <input type="checkbox"/> MT <input type="checkbox"/> ND <input type="checkbox"/> NE <input type="checkbox"/> SD <input type="checkbox"/> WI <input type="checkbox"/> WY <i>Attach copies of licenses for each additional state for which you wish to have this agent appointed to write business.</i>	
Residence Street Address:	
City:	State: ZIP:
Home Phone Number:	

Please make additional copies as needed to allow for information to be submitted for all employees in your agency.



Section 3

DISCLOSURE REGARDING CONSUMER REPORTS

Pursuant to the Fair Credit Reporting Act ("FCRA") (15 USC 1681b, 1681d), the following disclosure is required.

1. One or more of the affiliated companies of American Modern Insurance Group, Inc. (hereinafter "Company") may obtain a consumer report regarding you for the purpose of determining whether to enter into an agency relationship and/or to appoint you as our agent.
2. If you are appointed as an agent, the Company may obtain consumer reports concerning you from time to time, and may use the consumer reports in deciding whether to continue, revoke, or terminate your appointment as an agent, or to otherwise change the terms of the agency relationship with you.
3. The types of consumer reports the Company may obtain with respect to you include criminal background checks and credit reports.
4. Please fill in the information below and sign to indicate that you agree that we may obtain a consumer report regarding you. Note that prior to taking any adverse action, a copy of your consumer report and a summary of rights will be sent to the address listed below (or, if no address is listed below, the address that we have on file).

Minnesota and Oklahoma residents only: If you would like a copy of the consumer report prepared on you, please check this box:

California residents only: You may view the file on you by contacting Choicepoint (800 -456-6004) or Employment Screening Associates (800 -706-8848) during business hours. You may obtain a copy of this file at their office with proper ID and paying the costs to copy. You may be accompanied by one other person, provided that person has proper ID. You may make a written request to have your file sent to a specified address. Lastly, a summary of information will be provided by telephone, if you make a written request with the proper ID for disclosure.

Applicant's Statement Regarding Consumer Reports

I have received and read the Disclosure Regarding Consumer Reports above, advising me that the Company may obtain consumer reports about me. I understand that the Company is not permitted to obtain such consumer reports unless I authorize it to do so.

By signing below, I authorize the Company to obtain consumer reports about me. I authorize and direct each and every consumer reporting agency to provide consumer reports about me to the Company at its request.

Dated: _____

Signature of Applicant: _____

Printed Name of Applicant: _____

Address: _____

City/State/Zip: _____

Agency Code: 021335 _____

Producer/Sub Number: _____

SECTION V: AGENCY BACKGROUND INFORMATION

A. List all insurance carriers with whom you have a direct appointment

Carrier	Loss Ratio	Written Premium	Lines of Business (Check all that apply)
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch
	%	\$	<input type="checkbox"/> Commercial <input type="checkbox"/> Personal Lines <input type="checkbox"/> Farm/Ranch

B. List all General Agents or brokers with whom you currently place business

General Agent/Broker	Written Premium	Lines of Business (Check all that apply)
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul
	\$	<input type="checkbox"/> Specialty Personal Lines <input type="checkbox"/> E&S Commercial <input type="checkbox"/> Standard Commercial <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Professional <input type="checkbox"/> Auto/Long Haul

C. Of the following characteristics, please indicate the 5 most important to you:

<input type="checkbox"/> Number of Market Options	<input type="checkbox"/> Price	<input type="checkbox"/> Claims Assistance	Billing Options:
<input type="checkbox"/> Underwriting Speed/ Responsiveness	<input type="checkbox"/> Commission	<input type="checkbox"/> Online Rating Options	<input type="checkbox"/> Agency Bill
<input type="checkbox"/> Underwriting Expertise	<input type="checkbox"/> Reputation of General Agent	<input type="checkbox"/> Admitted Paper	<input type="checkbox"/> Premium Finance
<input type="checkbox"/> Professionalism	<input type="checkbox"/> Carrier Financial Rating	<input type="checkbox"/> Growth Bonus	<input type="checkbox"/> Direct Bill
<input type="checkbox"/> Underwriting Relationship	<input type="checkbox"/> Underwriting Flexibility	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> EFT Installments
	<input type="checkbox"/> Broad Coverage Offering		<input type="checkbox"/> Paper Installments

SECTION V: AGENCY BACKGROUND INFORMATION (cont.)

D. In placing your business with a General Agent, how important is: 4 - Very Important 3 - Important 2 - Somewhat Important 1 - Not Important

	4	3	2	1		4	3	2	1
Number of Market Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Claims Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underwriting Speed/Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Online Rating Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underwriting Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admitted Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Billing Options:				
Underwriting Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premium Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reputation of General Agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EFT Installments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrier Financial Ratings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paper Installments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underwriting Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Growth Bonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad Coverage Offering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Profit Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. While Concorde General Agency writes many classes beyond the following, please indicate all lines that are of interest to you and the potential first year volume:

<input type="checkbox"/> Mobile Home	\$	<input type="checkbox"/> Bar/Restaurant Package	\$
<input type="checkbox"/> Dwelling Fire	\$	<input type="checkbox"/> Liquor Liability	\$
<input type="checkbox"/> Vacant Property	\$	<input type="checkbox"/> Preferred Commercial Auto (ND, MN, MT, SD & IA Only)	
<input type="checkbox"/> Log Home	\$	<input type="checkbox"/> Package	\$
<input type="checkbox"/> Personal Umbrella	\$	<input type="checkbox"/> Auto	\$
<input type="checkbox"/> Motorcycle	\$	<input type="checkbox"/> BOP	\$
<input type="checkbox"/> Artisan Contractor	\$	<input type="checkbox"/> Umbrella	\$
<input type="checkbox"/> E&O, D&O, Professional	\$	<input type="checkbox"/> Farm/Farm Owners	\$
<input type="checkbox"/> Other _____	\$	<input type="checkbox"/> Garage	\$

F. Please answer the following questions:

Do you have a concise sales and marketing plan to grow your business?
Please attach your plan. Yes No

What agency automation system do you use? _____
Are you interested in data upload? Yes No

Does your agency allow company-sponsored incentives for CSRs? Yes No

What is the geographic territory of your business? _____

Does your agency specialize in a particular type of business, if any? Yes No

Please provide details, including volume and loss ratios, if applicable:

SECTION V: AGENCY BACKGROUND INFORMATION (cont.)

Are you willing to accept leads generated by Concorde? Yes No

Do you have a book of business, either from a carrier or a general agent that you would be willing to roll to Concorde General? Yes No

Please provide details, including volume and loss ratios, if applicable:

Do you have Surplus Lines business that you would allow Concorde to quote at renewal in order to secure better terms or conditions? Yes No

Have you been cancelled by any carrier in the past 3 years? If yes, indicate carrier and cause: Yes No

When considering your most significant competitor, what do they offer that you struggle to overcome?

How might Concorde assist you to be more successful?

SECTION VI: SUBMISSION INSTRUCTIONS

Questions or Comments:

The following is required for consideration of this application for contract:

1. Copy of your current E&O dec page
2. Copies of agency/producers licenses & non-resident licenses
3. Completed copy of this Application for Contract

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Fax to: 701-232-6974

Mail to: Concorde General Agency
Attn: Agency Appointments
PO Box 10459
Fargo, ND 58106