



AGENCY/AGENT APPLICATION FORM
(To be completed for each agency/agent appointment)

*** COMPANIES TO BE REPRESENTED**

- GREAT AMERICAN INSURANCE COMPANY (NAIC #16691)
- GREAT AMERICAN INSURANCE COMPANY OF NEW YORK (NAIC #22136)
- GREAT AMERICAN ALLIANCE INSURANCE COMPANY (NAIC #26832)
- GREAT AMERICAN ASSURANCE COMPANY (NAIC #26344)
- GREAT TEXAS COUNTY MUTUAL INSURANCE COMPANY (NAIC #13820)
- GREAT AMERICAN LLOYDS INSURANCE COMPANY (NAIC #38024)
- GREAT AMERICAN SECURITY INSURANCE COMPANY (NAIC #31135)
- GREAT AMERICAN SPIRIT INSURANCE COMPANY (NAIC #33723)
- OTHER: GAI Warranty Co. of FL.

DATE _____

DIVISION

SPECIALTY LINES

PERSONAL LINES

* PRODUCER MASTER FILE NO.
888801

NAME OF AGENCY		TELEPHONE NO.	FAX NO.
ADDRESS		BUSINESS TAX ID NO.	
CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (IF DIFFERENT)	OFFICE TYPE <input type="checkbox"/> Residence <input type="checkbox"/> Single Commercial <input type="checkbox"/> Multi-Commercial		YEAR AGENCY WAS ESTABLISHED
AGENCY IS: (CHECK ONE)	<input type="checkbox"/> INDIVIDUAL (Name of Spouse):	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	Does this agency qualify as an MGA? (If unsure, contact Corporate Legal) <input type="checkbox"/> Yes <input type="checkbox"/> No
PRINCIPALS, PARTNERS OR CORPORATE OFFICERS (TITLES WHERE APPLICABLE)			
NAME		TITLE	
RESIDENCE ADDRESS			
NAME		TITLE	
RESIDENCE ADDRESS			
NAME		TITLE	
RESIDENCE ADDRESS			
NUMBER OF PRINCIPALS		NUMBER OF LICENSED PRODUCERS	NUMBER OF OTHER EMPLOYEES
SPECIAL PMF INDICATORS (B, C, D, OR CC LINKAGE). INCLUDE PRODUCER CODE N/A			
PROFIT CENTER NUMBER: 2843	FIELD CODE: 004	TERRITORY 24	UNDERWRITER CODE: 9
PLAN 1 CODE: 0	PLAN 2 CODE: 0	TOWN CODE (IF APPLICABLE): N/A	
P/C CREDIT-CREDIT TERMS: ____0 – Miscellaneous Account ____3 – 30-44 days after month end <u> X </u> 4 – 45-49 days after month end			ACCOUNT TYPE: ____2 – Account Current <u> X </u> 4 – Billed Agent
ENCLOSURES <input type="checkbox"/> COPY OF AGENCY/AGENT AGREEMENT <input type="checkbox"/> AAP FORM			
<input type="checkbox"/> PROOF OF E&O COVERAGE (I.E., COPY OF POLICY DEC PAGE) <input type="checkbox"/> POWER OF ATTORNEY			
<input type="checkbox"/> COMMISSION SCHEDULE <input type="checkbox"/> COPIES OF CURRENT RESIDENT & NONRESIDENT LICENSES			
<input type="checkbox"/> PROFIT SHARING AGREEMENT <input type="checkbox"/> OTHER			

GREAT AMERICAN® INSURANCE GROUP
AGENCY/AGENT APPLICATION FORM
(CONTINUED)

(Please complete a sheet for each Agent to be appointed)

Name of Agency	
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AGENT INFORMATION

NAME(S) AS SHOWN ON STATE LICENSES			
RESIDENCE ADDRESS FOR PAST 5 YEARS	Address	From	To
DATE OF BIRTH	N/A		
SOCIAL SECURITY NO.	N/A		

ADDITIONAL QUESTIONS: (If the answer to any question is YES, please provide documentation/explanation on an additional sheet.)

1. Have you ever been refused a license, or had a license suspended or revoked by any insurance department? Have you ever had a complaint issued against you by any insurance department? YES NO
If yes, please explain on additional sheet.
2. Are you indebted to any insurer under any agency agreement or otherwise? Is the indebtedness in dispute? YES NO
If yes, please explain on additional sheet.
3. Have you ever had any agency agreement cancelled or terminated? YES NO If yes, when, by what insurer and for what reason was the agreement terminated? If yes, please explain on additional sheet.
4. Have you ever been charged with or convicted of a felony or a misdemeanor? YES NO
If yes, please explain on additional sheet.
5. Are there any outstanding judgments or liens (including state or federal tax liens) against you? YES NO
If yes, please explain on additional sheet.
6. Have you ever filed bankruptcy? YES NO
If yes, please explain on additional sheet.
7. Have you or any individual or entity associated with you ever been included on the list of "Specialty Designated Nationals and Blocked Persons" maintained by the Office of Foreign Assets Control or any other state or federally maintained list that might affect our ability to do business with you? YES NO
If yes, please explain on additional sheet.

DISCLOSURE AND SIGNATURE

The Agent named above is hereby advised that Great American Insurance Company, its subsidiaries and its affiliates (collectively referred to herein as "GAI"), have the right to conduct a background check prior to processing this appointment. GAI may choose, based on the results of the background check, not to appoint the agent/agency.

 (Signature of Agent) _____
 (Date)

- ENCLOSURES**
- COPIES OF CURRENT RESIDENT & NONRESIDENT LICENSES
- OTHER