



9. Has the Applicant, or any shareholder, partner or principal partner transacted business with Arrowhead within the past five years?
 No: Yes:
 If yes, please list the agencies and dates:

10. Does Applicant regularly engage in any other business activity besides insurance sales?
 No: Yes:
 If yes, please list:

LICENSING INFORMATION

1. Do you have a producer license issued to you in your own name?
 No: Yes:
 If yes, please fill out the following. You may be asked to submit copies of this information at a later date.

| State Producer License Issued | Type of License | License # |
|-------------------------------|-----------------|-----------|
| 1. | | |
| 2. | | |

2. Does your agency have a producer license held in the agency's name?
 No: Yes:
 If yes, please fill out the following. You may be asked to submit copies of this information at a later date.

| State Company License Issued | Type of License | License # |
|------------------------------|-----------------|-----------|
| 1. | | |
| 2. | | |

3. Do you or your agency hold any surplus lines broker's licenses?
 No: Yes:
 If yes, you may be asked to submit copies of this information at a later date.

4. Will Producer be acting as a wholesaler in connection with any business written through Arrowhead?
 No: Yes:

5. If licensed in California, are you transacting as an Agent or Broker?

6. Please provide your Errors and Omissions Limits.
 Occurrence: _____ Aggregate: _____

APPLICANT ACKNOWLEDGEMENTS - COMMERCIAL SOLICITATIONS VIA FAX AND E-MAIL

Applicant expressly consents to the transmission and receipt of marketing materials, advertisements, and other information about any and/or all Program(s), products, or services managed by or available through Arrowhead, its affiliates and business partners, or Insurers that Arrowhead and its affiliates may, from time to time, send Applicant via facsimile machine or e-mail. Requests for additional information about risks submitted to Arrowhead, quotes on such risks, and general correspondence about such risks may also be communicated to Applicant in this manner.

I Agree Please provide Authorized Agency Contact info below. One contact is required.

| Authorized Agency Contact(s) & Title(s) | Authorized Fax Numbers | E-mail Address |
|---|------------------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |

APPLICANT ACKNOWLEDGEMENTS - - VIOLENT CRIME CONTROL ACT CERTIFICATION OF COMPLIANCE

The federal Violent Crime Control Act, 18 USC 1033 and 1034 ("VCCA"), makes it illegal for any individual or business to engage or participate in the business of insurance if that person has been convicted of violating the VCCA or otherwise has suffered a felony criminal conviction involving dishonesty or breach of trust. It is also illegal to willfully permit another person to engage in the business of insurance if that person is prohibited from doing so under the VCCA. Arrowhead will provide Applicant a copy of the VCCA upon written request.

By checking the box below, Applicant certifies that (1) no principals, agents or employees of Applicant have violated any provision of the VCCA by engaging or participating in the business of insurance; (2) reasonable efforts are made by Applicant to identify and prevent, on a continuing basis, persons prohibited by the VCCA from engaging or participating in the business of insurance with Applicant; and (3) Applicant agrees to notify Arrowhead immediately if any person or business with whom Applicant participates or engages in the business of insurance who is convicted of any crime covered by the VCCA.

I confirm that Applicant is in compliance with the VCCA and agrees to these conditions.

I hereby warrant and represent that the foregoing is true and correct.

Print Name: _____ Date: _____

Authorized Signature: _____