

PIONEER PROGRAMS

Ca insurance license no. 0G44948

201 South Lake Avenue, Suite 806, Pasadena, CA 91101
Phone (626) 696-3040

Producer Appointment Application & Confidential Questionnaire

Agency Name:	Number of years in business:	Phone:	
Physical Address (include City, State & Zip):		Fax:	
Mailing Address (include City, State & Zip):		E-mail:	
Agency Principle Name	Title:	Agency FEIN	
Ever Transacted with Contractors Choice under this or another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list: _____			

Supplemental Questionnaire – Programs

Lines of Business:	
Primary marketing area for your business:	

Pioneer Programs Insurance products that interest you: <input type="checkbox"/> Contractors Choice {Liability for Contractors Wrap-up} <input type="checkbox"/> Nursing Home Liability <input type="checkbox"/> Contractors' Choice {Liability for General Contractors}	Has your Agency ever been subject to discipline or presently under investigation by the Dept. of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Cause: Action:
Do you act as a Wholesale or Retail Producer?	
Commercial General Contractors General Liability	Total Premium Volume: \$
Residential General Contractors General Liability	Total Premium Volume: \$
Commercial Subcontractors General Liability	Total Premium Volume: \$
Commercial & Residential Contractors Wrap Up General Liability	Total Premium Volume: \$
Senior Care Living Facilities (including Nursing Homes, Assisted Living and Independent Care)	Total Premium Volume: \$

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Contact Information – Marketing Manager

Key contact(s) for Programs:

Telephone Number:

Fax Number:

E-Mail:

WHAT PIONEER PROGRAMS INSURANCE NEEDS TO APPOINT PRODUCER:

- This Form Completed
- Completed Producer Agreement
- Completed Producer Addendum
- Copy of E & O Declarations Page
- Copy of Producers License(s)
- Completed W-9 Form

Legal Statement (please sign where indicated):

Principles hereby consent to and authorize Pioneer Programs Insurance Solutions, LLC from time to time, to obtain for Pioneer Programs Insurance Solutions, LLC's sole use, a credit report concerning Principles. Information as to the nature and scope of any investigation(s) will be furnished to the individual(s) upon their request in writing within a reasonable time of that request.

Agency Officer's Signature

Title

Date

Communication Authorization:

By signing and executing this section, you are proving, on behalf of your Agency, your written consent to be sent product updates, new products, information and materials via fax and e-mail by Pioneer Programs Insurance Solutions, LLC directly or by third party vendors on our behalf.

Agency Officer's Signature

Title

Date

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Agency Officer's Signature

Title

Date