



INTERNAL USE ONLY
 Beacon Agency Number: _____

Beacon Mutual Producer Application

PLEASE NOTE: If Applicant is an agency, please use agency name and FEIN to complete this application. Rhode Island does not license non-resident business entities, only individuals, so at least one individual must hold a valid RI producer license (please list on page 2). The only time an individual should complete Applicant section is when there is no company and no FEIN.

Applicant	<p>Check only one box:</p> <p><input type="checkbox"/> Business Entity – State of Incorporation/Organization _____</p> <p style="text-align: center;">FEIN: _____</p> <p><input type="checkbox"/> Individual – Social Security No _____</p>
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Section I - Information	<p>1. Individual OR Business Entity Name (same as above):</p> <hr/> <p>2. Business Address:</p> <hr/> <p>3. City, State, Zip:</p> <hr/> <p>4. Telephone Number: _____ Fax Number: _____</p> <hr/> <p>5. Primary Contact Name:</p> <hr/> <p>6. Email Address of Contact:</p> <hr/>
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Section II – Business Entity Information	<p>Complete only if applicant is a Business entity:</p> <p>Identify Partners, Members, Officers and Directors, AND all Owners with 10% interest or voting interest:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name: _____</td> <td style="width: 30%;">Title: _____</td> <td style="width: 30%;">Owner: Y/N</td> </tr> <tr> <td>Name: _____</td> <td>Title: _____</td> <td>Owner: Y/N</td> </tr> <tr> <td>Name: _____</td> <td>Title: _____</td> <td>Owner: Y/N</td> </tr> <tr> <td>Name: _____</td> <td>Title: _____</td> <td>Owner: Y/N</td> </tr> <tr> <td>Name: _____</td> <td>Title: _____</td> <td>Owner: Y/N</td> </tr> <tr> <td>Name: _____</td> <td>Title: _____</td> <td>Owner: Y/N</td> </tr> </table>	Name: _____	Title: _____	Owner: Y/N	Name: _____	Title: _____	Owner: Y/N	Name: _____	Title: _____	Owner: Y/N	Name: _____	Title: _____	Owner: Y/N	Name: _____	Title: _____	Owner: Y/N	Name: _____	Title: _____	Owner: Y/N
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Name: _____	Title: _____	Owner: Y/N																	
Name: _____	Title: _____	Owner: Y/N																	

Section III – All Applicants MUST Complete	Please list all individual producers holding a <u>Rhode Island</u> license that may be submitting applications for coverage on behalf of the Applicant:	
	Name: _____	RI License No: _____
	Name: _____	RI License No: _____
	Name: _____	RI License No: _____
	Name: _____	RI License No: _____
	Name: _____	RI License No: _____
	Name: _____	RI License No: _____
	Name: _____	RI License No: _____

Section IV - Declaration	DECLARATION	
	<p>The Applicant: _____, hereby declares that:</p> <ol style="list-style-type: none"> 1. the applicant will, in the event of authorization as a Beacon producer, read and conform with Beacon’s Producer Guidelines and any revisions, amendments or notices thereto, and any other of Beacon’s Rules and/or Procedures; 2. the applicant understands that Beacon may at any time terminate, suspend or limit a producer’s right to do business with Beacon for non-conformance with Beacon’s Producer Guidelines or any other rule or directive of Beacon; 3. the applicant will not be entitled to any compensation, including any renewal commissions, that may be payable during the period of termination or suspension; 4. the applicant will submit a fully executed IRS Form W-9 which is attached; 5. the applicant will submit evidence of Errors and Omissions coverage in the amount of at least \$1M dollars; and 6. by signing hereto, the applicant gives full consent and authorization for Beacon to obtain any information from any regulatory official of this state or any other state regarding the applicant’s producer’s license. 	

I have read and fully understand the statements made hereto, and all of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for termination of The Beacon Mutual Insurance Company Agency Agreement.

Date

Print Name of Applicant

Signature of Applicant/Corporate Officer