



**SAFeway INSURANCE NEW AGENT APPLICATION**

Since 1959, Safeway Insurance has been dedicated to being a leading provider of insurance products and services. Today, we are the nation's largest privately-held and family-owned auto insurance group, partnering with over 3,000 independent producers. If you would like to join us, please complete this application and submit it by email. If you would like one of our Marketing Representatives to contact you, please call us at 888.851.3700 or email us at [producerinfo@safewayins.com](mailto:producerinfo@safewayins.com). Thank you for your interest.

**I. AGENCY INFORMATION:**

Agency/brokerage name(s)/DBA(s)			
Street address			
Mailing address			
Telephone number(s)			
Fax number(s)			
Email(s)			
Agency/brokerage website URL			
Year established			
FEIN # or Federal Tax ID #			

**ADDITIONAL LOCATIONS (USE ADDITIONAL SHEETS IF NECESSARY)**

	Location One	Location Two	Location Three
Street address			
Mailing address			
Telephone number			
Fax number			
Email			

**II. OWNERSHIP INFORMATION:**

**AGENCY/BROKERAGE STRUCTURE (CHECK ONE)**

Sole Proprietor  Partnership  C-Corporation  S-Corporation  LLC

**AGENCY/BROKERAGE OWNER(S) (USE ADDITIONAL SHEETS IF NECESSARY)**

	Owner One	Owner Two	Owner Three
Name & percent ownership			
Home address			
Date of birth			
Social Security #			
Insurance License #			
License expiration date			

**III. PRODUCER INFORMATION:**

(USE ADDITIONAL SHEETS IF NECESSARY)

	Producer One	Producer Two	Producer Three
Name			
Insurance License #			
License expiration date			
Language fluency			
	Producer Four	Producer Five	Producer Six
Name			
Insurance License #			
License expiration date			
Language fluency			

**IV. CURRENT INSURANCE BUSINESS:**

(USE ADDITIONAL SHEETS IF NECESSARY)

	Non-standard carrier 1	Non standard carrier 2	Non standard carrier 3
Carrier Name			
Monthly applications			
Monthly premiums			
Year appointed			
3-year loss ratio			
Commission rate			
List current standard/preferred carriers			
List other lines of insurance sold			
List counties in which most non-standard auto is written			
How much monthly premium do you anticipate you will deliver to Safeway Insurance?			

How does your agency/brokerage promote its business? (check all that apply)

- Radio       Direct mail       Newspaper   
 Television       Outdoor (billboards, bus benches)   
 Internet   
 Other (explain)

**USE ADDITIONAL SHEETS IF NECESSARY**

Does your agency/brokerage have Errors & Omissions Insurance? Yes  No

If yes, please provide Company name and amount of coverage	
If no, please explain	

Do you currently sell Safeway Insurance through another agency? Yes  No

If yes, name of agency	
Monthly premium	

Have you previously sold Safeway Insurance through another agency or affiliation? Yes  No

If yes, name of agency	
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Does your agency/brokerage use a computerized rating system? Yes  No

If yes, name of system	
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Does your agency/brokerage use a Premium Finance Company? Yes  No

If yes, name of Premium Finance Company	
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Has any carrier terminated a contract with your agency/brokerage? Yes  No

If yes, please explain	
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Have any of your producers ever had their license suspended, revoked, or terminated? Yes  No

If yes, please explain	
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Have any of your producers ever been convicted of a felony? Yes  No

If yes, please explain	
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Have any of your producers ever been involved in an Insurance Dept. hearing or inquiry? Yes  No

If yes, please explain	
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**V. ADDITIONAL INFORMATION REQUIRED:**

- Current copies of all individual/corporate Producers licenses
- Completed W-9 form
- Current Certificate of Insurance for Errors & Omissions coverage
- Certified copy of Finance Company Charter & License, if applicable
- Certified copy of Corporation's Certificate of Good Standing, if applicable
- Certified copy of Corporate Charter/Resolution, if applicable
- Copy of Partnership Agreement, if applicable
- Copy of Agency's Surety Bond
- Copies of annual written premium and loss ratio results (last 3 years) for each non-standard insurance company your agency/brokerage is currently writing



The undersigned executes this application in the name of the agency/corporation and authorizes Safeway Insurance Company ("Safeway") or any of its agents to conduct a credit check/background investigation and declares that all facts stated are true and correct. The application, if accepted by Safeway, shall be NULL and VOID and of no benefit or effect whatsoever as to any written premiums or commissions procured heretofore in the event that the attestations or statements in this application shall prove to be false or fraudulent in nature. It is understood that a copy of this application shall be attached to and form a part of the producer agreement, if or when issued, and that it is intended that the company shall rely on the contents of this application in issuing any producer contract. It is further understood that Safeway retains sole discretion whether to accept said application and issue a producer contract, and the mere act of completing said application in no way insures or guarantees that the application will be accepted by Safeway.

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**Applicant's Name**

**Date**

**Contact Number**

**FAIR CREDIT REPORTING ACT-** Public law 91-508 requires that we advise you that routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

**Please send completed application to [producerinfo@safewayins.com](mailto:producerinfo@safewayins.com)**