



ARROWHEAD Residential Earthquake Producer Supplemental Questionnaire

To complete the process to become an Arrowhead producer with access to our Residential Earthquake product, please answer the following questions and E-mail to SWalker@ArrowheadGrp.com or fax to 760.710.6944, Attn: Res. EQ Producer Supplemental. If you have any questions, please contact us at 800.333.5553 x6324.

MAIN OFFICE INFORMATION
Agency Name:
Primary Contact Name:
Contact Phone #:
Contact E-Mail:
Primary Earthquake Product Contact if Different from Above:
Earthquake Contact Phone #:
Earthquake Contact E-mail:

CURRENT ARROWHEAD PRODUCERS
Arrowhead Producer Code:
Which Arrowhead products do you currently have access to? <input type="checkbox"/> Personal Auto <input type="checkbox"/> Motorcycle <input type="checkbox"/> Personal Property <input type="checkbox"/> Commercial Products

PRODUCTION & MARKETING INFORMATION
Primary marketing area/region for Homeowners:
Average number of new stand-alone earthquake policies written on a monthly basis:
Average number of new homeowners policies written on a monthly basis:
Expected number of monthly earthquake submissions to Arrowhead:

APPLICANT ACKNOWLEDGEMENTS
Violent Crime Control Act Certification Of Compliance <p>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.</p> <p>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.</p> <p>I confirm that Applicant is in compliance with the VCCA and agrees to these conditions. <input type="checkbox"/></p> <p>Name: _____ Date: _____</p>