

**EXHIBIT “ “**  
**FIESTA INSURANCE FRANCHISE CORPORATION: APPLICATION PART 1**

This application must be completed by every principal with 25% or more ownership stake in company

**GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_

Mailing Address (street, city, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell No: \_\_\_\_\_ FAX No: \_\_\_\_\_

**PERSONAL EXPERIENCE**

Have you ever owned or do you currently own a business? No \_\_\_\_\_ Yes \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of years' experience in the business: \_\_\_\_\_ years Nature of Experience: \_\_\_\_\_

Where are you currently employed: \_\_\_\_\_

If less than 5 years at current position, list previous 5 years' employment: \_\_\_\_\_

Level of Education: HS \_\_\_\_\_ Some College \_\_\_\_\_ College Degree \_\_\_\_\_ Advanced Degree \_\_\_\_\_

Degree(s) or Professional Designation(s): \_\_\_\_\_

Have you ever had any Personal Regulatory Complaints? \_\_\_\_\_ If yes, please describe and provide current status: \_\_\_\_\_

Have you ever had any Personal Professional Insurance Incidents? \_\_\_\_\_ If yes, please describe and provide current status: \_\_\_\_\_

In the past seven years, have you been convicted of any crime involving acts of dishonesty or breach of trust? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**PERSONAL REFERENCES**

Name	Relationship	Title or Occupation	Phone	Email

\_\_\_\_\_  
Initials

**FIESTA INSURANCE FRANCHISE CORPORATION: APPLICATION PART 2**

**(Business Information)**

(Use attachments, if required, to fully respond.)

Agency/Corporation Name: \_\_\_\_\_

Agency/Corporation Address: \_\_\_\_\_

**GENERAL INFORMATION**

Mailing Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_ Tax ID No: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Circle One:      CORPORATION                      PARTNERSHIP                      SOLE PROPRIETOR

**PERSONNEL**

<b>Officers, Partners or Owners</b>	<b>DOB</b>	<b>Social Security No.</b>	<b>Home Address</b>

Has Agency or any officers, partners or owners of Agency declared bankruptcy or been convicted of a felony? If yes, explain. \_\_\_\_\_

<b>List of Employees (Exclude Officers, Partners, Owners)</b>	<b>Job Description</b>

**OTHER**

EAO Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_ Limits: \_\_\_\_\_

Describe any losses: \_\_\_\_\_  
\_\_\_\_\_

Agency License No: \_\_\_\_\_ Licensed in which state(s): \_\_\_\_\_

Trade References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREMIUM & LOSS HISTORY**

<b>Company Name (Enter 5 largest by annual premiums)</b>	<b>Annual Premium Volume</b>	<b>1st Prior Year Loss Ratio</b>	<b>2nd Prior Year Loss Ratio</b>	<b>3rd Prior Year Loss Ratio</b>	<b>Annual Personal Premium</b>	<b>Annual Commercial Premium</b>

\_\_\_\_\_  
Initials

**FIESTA INSURANCE FRANCHISE CORPORATION: APPLICATION PART 3**  
**(Financial Information)**

As of: \_\_\_\_\_, 200\_\_

**ASSETS**

**LIABILITIES**

Cash on hand and in banks	\$ _____	Accounts Payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others	\$ _____
IRA or other retirement account	\$ _____	Automobile loan(s)	\$ _____
Accounts and Notes Receivable	\$ _____	(monthly payments: \$ _____)	
Life Insurance - cash surrender value only	\$ _____	Credit card debt	\$ _____
Stocks and bonds	\$ _____	(monthly payments: \$ _____)	
Automobile(s) - present value	\$ _____	Installment accounts	\$ _____
Real estate	\$ _____	(monthly payments: \$ _____)	
Market value of existing Insurance book	\$ _____	Mortgages on real estate	\$ _____
Other personal property	\$ _____	Unpaid taxes	\$ _____
		Loan(s) on life insurance	\$ _____
		Other liabilities	\$ _____
		Total liabilities	\$ _____
		Net worth	\$ _____
Total	\$ _____	Total	\$ _____

**Section 1 - Source of Income**

**Contingent Liabilities**

Salary	\$ _____	As endorser or co-maker	\$ _____
Net Investment Income	\$ _____	Legal claims and judgements	\$ _____
Real estate income	\$ _____	Provision for federal income tax	\$ _____
Other (describe below)*	\$ _____	Other special debt	\$ _____

**Description of Other**

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SIGNATURE: I certify that my answers to the questions on this application and the information provided (both business and financial) are true, complete and accurate in all respects. I grant permission to Fiesta Insurance Franchising Corporation and its affiliates to investigate my work, personal history, business history, employment history, education and backgrounds, obtain my credit report and authorize my schools, former employers, references and other individuals or entities to respond to such enquiries. I understand that to be a Franchisee I must be lawfully authorized to work in the United States of America and I must show the franchisor documents that will prove this if I am to qualify to operate a franchise.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individually and at \_\_\_\_\_ of

\_\_\_\_\_