**BTIS Agency Sign Up Worksheet 2015**

The following information will be needed to complete the application on the BTIS Webiste. To apply for an appointment, gather the information in the table below and go to the BTIS website ([www.bitsinc.com](file:///C:\Users\TIA%20Roger\Google%20Drive\Smart%20Choice%20Virginia\AA%20%20SC%20VA%20Carrier%20Appt%20Forms\BTIS\www.bitsinc.com)).

Click on the **Register NOW**! red button link on the left sidebar. A new page will open.

Complete the Application on the right side of the page under the heading "**Registar as a Producer."**

In section 1, be sure to select "Retail" for **Agency Type** and "Smart Choice" for **Are You an Agent with any of the Following?**

After completing the form, click the **Submit My Information** button and a BTIS representative will send you an email with the Log in credentials and further instructions.

**If you have any problems, call BTIS 916-772-9200.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** |  |  |  |  |
| Q 1. Has your Agency Ever Been Subject to any DOI Action or Violations? | **YES NO** |  |  |  |
| Q 2. Have there been any E&O Claims against your agency for the past 5 years? | **YES NO** |  |  |  |
| Q 3. Has Agency or Owners filed for Bankruptcy in the past 5 years? | **YES NO** |  |  |  |
| Q 4. Are there any current or open Liens or judgments levied against your Agency? | **YES NO** |  |  |  |
| **Agency T-Docs** |  |  |  |  |
| Licensed Entity Name  \*if Incorporated you need to provide an Agency License |  |  |  |  |
| Physical Location Address No P.O. Box |  |  |  |  |
| City-State Zip Code |  |  |  |  |
| Separate Mailing Address |  |  |  |  |
| **Type of Business** | **Sole Proprietorship** | **LLC** | **S-Corp** | **Other** |
| Officer Name |  |  |  |  |
| Officer E-Mail Address |  |  |  |  |
| Designated Agency Contact Name |  |  |  |  |
| Designated Contact E-mail Address |  |  |  |  |
| Office Phone |  |  |  |  |
| Office Fax |  |  |  |  |
| Alternate Phone |  |  |  |  |
| Agency Insurance License Number  \* if Incorporated |  |  |  |  |
| Personal Insurance License Number |  |  |  |  |
| E&O Carrier Name |  |  |  |  |
| E&O Policy Number |  |  |  |  |
| E&O Expiration Date |  |  |  |  |
| E&O Limit/Face Amount  \*Minimum needed $1,000,000/$1,000,000 |  |  |  |  |