

# AGENT LOAN APPLICATION

## APPLICANT INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
City County State Zip

Previous Home Address (if at current address < 2 years): \_\_\_\_\_  
City County State Zip

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

Cell Phone: \_\_\_\_\_ Preferred Contact method: \_\_\_\_\_

Fax: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State issued: \_\_\_\_\_

Driver License issue date: \_\_\_\_\_ Driver License expiration date: \_\_\_\_\_

How many years insurance experience do you have? \_\_\_\_\_ How many years with Allstate? \_\_\_\_\_

Are you a licensed Allstate agent? \_\_\_\_\_ Securities Licenses: 6 \_\_\_\_\_ 63 \_\_\_\_\_ 7 \_\_\_\_\_

Are you an approved Allstate agency buyer? \_\_\_\_\_ If yes, when were you approved? \_\_\_\_\_

Have you acquired any books of business in the last 12 months? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

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**AGENCY INFORMATION (APPLICANTS AGENCY OR AGENCY TO BE ESTABLISHED)**

Legal Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
City County State Zip

Tax Identification Number: \_\_\_\_\_ Type (S Corp, C Corp, Sole Prop, LLC, LLP) \_\_\_\_\_

Has your Agency Type ever changed? (If yes, provide details): \_\_\_\_\_  
\_\_\_\_\_

Name of all Corporate Officers: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email Address: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Agency # (Include all): \_\_\_\_\_

Year agency was established: \_\_\_\_\_ Length of your ownership \_\_\_\_\_

Do you have any debt on your agency? \_\_\_\_\_ If yes, what is the amount? \_\_\_\_\_

Lender Name: \_\_\_\_\_ Loan Maturity: \_\_\_\_\_ Loan Rate: \_\_\_\_\_

How many licensed staff do you employ? \_\_\_\_\_ How many unlicensed staff? \_\_\_\_\_  
(Please include yourself in the count)

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Once application is completed along with all accompanying documents (Questions call (847) 402-8429):  
Mail to: Agent Lending Attn: Loan Underwriting (Confidential), PO Box 3000, Northbrook, IL 60065-3000 **OR**  
Overnight to: Agent Lending Attn: Loan Underwriting (Confidential), 3100 Sanders Road N4A, Northbrook, IL 60062  
**To ensure overnight delivery please use Federal Express vs. US Post Office Express Mail**

**LOAN INFORMATION**

Requested Loan Amount \$ \_\_\_\_\_ Requested Loan Term (years): 5 \_\_\_\_\_ 7 \_\_\_\_\_ 10 \_\_\_\_\_

Loan Purpose: \_\_\_\_\_  
\_\_\_\_\_

For purchase transactions, select most appropriate situation: Initial Office \_\_\_\_\_ New Satellite: \_\_\_\_\_ Merge into existing office \_\_\_\_\_

Anticipated Loan Closing Date: \_\_\_\_\_

Describe assets being offered as collateral, including current estimated value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are these assets encumbered? If yes, then explain: \_\_\_\_\_  
\_\_\_\_\_

Purchase Price of Agency Book: \_\_\_\_\_

Amount of Down Payment: \_\_\_\_\_

Explain source of down payment: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about this Lending Program? \_\_\_\_\_  
.....

*Please answer the following questions about your financial records. If the answer to any question is yes, please attach details.*

Are you:  Single  Married  Separated  Divorced

Do you have any tax liens or contested taxes?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Are you a defendant in any suits or legal actions?  Yes  No

Has the applicant or any proposed guarantor ever obtained credit under another name?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant or proposed guarantor have tax obligations, including payroll and sales taxes, past due?  Yes  No

Have you ever filed for or taken bankruptcy, composition, settlement or assignment for benefit of creditors?  Yes  No

**Customer Authorization/TIN Certification**

I represent that all information supplied on this account application is correct to the best of my knowledge. I agree that this account is subject to the terms and conditions of the Allstate Bank Deposit Account Agreement and Disclosure in effect as of the date hereof and as amended from time to time, of which I acknowledge receipt. Any Deposit Account created hereunder is subject to a loan account approval and funding. No ATM card will be issued for this Deposit Account.

**Taxpayer identification number certification**

**Under penalties of perjury, I certify that:**

- 1) **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and**
- 2) **I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3) **I am a U.S. person (including a U.S. resident alien).**

**You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.**

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Signature

Date

**Customer Notice**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**EMPLOYMENT AND EDUCATION HISTORY**

<b>WORK EXPERIENCE:</b> <i>(Include 20 years of employment or last 5 employers. If more space is needed, provide an attachment.)</i>			
Employer Name	Address	Position/Title	Dates of Employment
<b>EDUCATION:</b>			
	School Name	Year Completed	Degree
High School			
College			
Other			

**It is understood and agreed that this application is submitted to Allstate Bank under its own lending authority and/or to Allstate Bank as agent for Allstate Finance Company (AFC) and, if approved, either Allstate Bank or AFC may make the loan to the applicant.** The information contained in this statement is provided for the purpose of obtaining or maintaining credit on behalf of the undersigned or of the guarantor of debt by the undersigned. Each undersigned understands that Allstate Bank and/or AFC is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Applicant and the undersigned individuals certify that answers to the questions on this application, including any attachments, and the information provided in connection therewith (including business and financial information) are true and complete under penalty of perjury. Permission is granted by the applicant and the undersigned individuals to Allstate Bank, AFC, and any of their affiliates, to investigate and share the work, personal history, business history, employment history, credit history, education and background of the applicant or any of the undersigned individuals, and authorize any school, former employer, reference, or other individual or entity to respond to such inquiries. This permission extends to any entities of which the applicant or the undersigned is a shareholder, principal, manager, member, officer, or partner. Applicant and the undersigned individuals hereby grant permission to any person or entity to release such information to Allstate Bank and AFC and further hold harmless any person or entity that provides such information to you from any claims, liability, damages or other amounts incurred as a result of doing so. Applicant and the undersigned individuals further represent and warrant that neither applicant, nor any owner, affiliate, partner, member, director, officer or manager of applicant, nor any affiliate, parent, child or spouse of any individual applicant (collectively for this paragraph "applicant") supports terrorism, provides money or financial services to terrorists, or is engaged in terrorism, is on the current U.S. government list of organizations that support terrorism, nor has engaged in or been convicted of fraud, corruption, bribery, money laundering, narcotics trafficking or other crimes, and all are eligible under applicable U.S. immigration laws to be in the U.S. and perform contracts in the U.S. Applicant and the undersigned further warrant and represent that applicant and the undersigned are not identified by a government or legal authority as a person with whom we would be prohibited from transacting business and that it will notify us in writing immediately of the occurrence of any event that renders the foregoing representation and warranties incorrect. The applicant and the undersigned individuals understand and agree that any misrepresentation on this application or in the information provided in connection therewith, will result in cancellation of the application and that Allstate Bank and AFC shall not be held liable in any respect if any purchase agreement is terminated because of false statements or omissions made in this application or for any other reason. Applicant specifically authorizes Allstate Bank and AFC to prepare and file its UCC-1 financing statements on the collateral to be pledged as security for the contemplated loan prior to the loan's actual funding date in order to facilitate the perfection of Allstate Bank's or AFC's security interest in the collateral. Should the loan fail to close for any reason, Allstate Bank agrees to promptly terminate its pre-closing filed UCC-1 financing statement.

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Agent Lending, 3100 Sanders Road, N4A, Northbrook, IL 60062.

**NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.**

**Note: The applicant and all guarantors must sign below (in addition, each guarantor other than the applicant is required to complete Exhibit C, page 10 of this application; the applicant is to complete Exhibit A, page 5). If a partnership, all partners must sign or evidence of partnership authorization must be provided.**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### 3-YEAR AGENCY PROJECTIONS — REQUIRED FOR ALL LOAN APPLICANTS!

Please use this form to prepare projections for your existing agency and/or the agency you are looking to purchase.

	<u>Projected Year 1</u>	<u>Projected Year 2</u>	<u>Projected Year 3</u>
<b>Income</b>			
End of Year Earned Premium — Existing Book	_____	_____	_____
Annual Commission — Existing Book	_____	_____	_____
Allstate Financial Income — Existing Book	_____	_____	_____
Bonus Compensation — Existing Book	_____	_____	_____
Other Income — Existing Book	_____	_____	_____
End of Year Earned Premium — New Book	_____	_____	_____
Annual Commission — New Book	_____	_____	_____
Allstate Financial Income — New Book	_____	_____	_____
Bonus Compensation — New	_____	_____	_____
Other Income — New	_____	_____	_____
<b>Total Income</b>	_____	_____	_____
<b>Operating Expenses</b>			
Officer Salaries (\$ to cover personal expenses)	_____	_____	_____
Rent/Lease & Utilities	_____	_____	_____
Salaries and Wages	_____	_____	_____
Marketing/Advertising/Postage Expense	_____	_____	_____
Automobile Expense	_____	_____	_____
Insurance	_____	_____	_____
Telephone	_____	_____	_____
Travel & Entertainment	_____	_____	_____
Pension, Profit-Sharing	_____	_____	_____
Taxes & Licenses	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Office Expense	_____	_____	_____
Professional Fees	_____	_____	_____
<b>Total Operating Expenses</b>	_____	_____	_____
<b>Earnings before Tax</b>	_____	_____	_____
<b>Taxes</b>	_____	_____	_____
<b>Net Income</b>	_____	_____	_____
Est. Annual Capital Expenditures (Machinery, Equipment, Office Upgrades, etc.)	_____	_____	_____

Exhibit A to Credit Application  
**FINANCIAL STATEMENT**

**Prepared as of:** \_\_\_\_\_, **20** \_\_\_\_\_

Complete this form for (1) each agent applicant, or (2) each limited partner/member/owner and each general partner, if any, or (3) each stockholder, or (4) any person or entity-providing a guaranty on the loan.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_

<b>ASSETS*</b>		<b>LIABILITIES</b>	
(Omit Cents)		(Omit Cents)	
Cash on hand & in banks <sup>1</sup>	\$ _____	Accounts Payable	\$ _____
Savings Account <sup>1</sup>	\$ _____	Notes payable to banks & others (Describe in Section 2)	\$ _____
IRA or other retirement account <sup>1</sup>	\$ _____	Automobile Loan(s) Monthly Payments \$ _____	\$ _____
Life Insurance		Credit Card Debt Monthly Payments \$ _____	\$ _____
Cash Surrender Value Only (Complete Section 8)	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Stocks & Bonds <sup>1</sup> (Describe in Section 3)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Automobile(s) — present value	\$ _____	Loan(s) on life insurance	\$ _____
Real Estate (Describe in Section 4)	\$ _____	Other liabilities (Describe in Section 7)	\$ _____
Market value of existing Ins. Book	\$ _____	<b>Total Liabilities</b>	<b>\$ _____</b>
Other personal property (Describe in Section 5)	\$ _____	Net Worth	\$ _____
<sup>1</sup> Please provide most recent statement if individual balances exceed \$5,000.		<b>Total</b>	<b>\$ _____</b>
<b>Total</b>	<b>\$ _____</b>		

**Section 1. Sources of Income\***

Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other (describe below**)	\$ _____

**Section 1. Sources of Income\***

As Guarantor, Endorser or Co-Maker	\$ _____
Legal Claims & Judgments	\$ _____
Provision for Federal Income Tax	\$ _____
Other Specific Debt	\$ _____

Indicate your planned annual salary level you are seeking from your agency in the next 12 months: \_\_\_\_\_

*IMPORTANT: Please indicate if any assets or sources of income are jointly owned by applicant and another person or wholly owned by another person.*

*\*\* Alimony or child support payments need not be disclosed on "Other Income" unless it is desired to have such payments counted toward total income.*

Exhibit A to Credit Application  
**FINANCIAL STATEMENT**

**Section 2. Notes payable to banks and others** *(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)*

Name & Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Maturity Date	Interest Rate	How secured or endorsed; type of collateral

**Section 3. Stocks and Bonds** *(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)*

Name of Security/Ticker/CUSIP	Number Shares	Cost	Market Value	Pledged (Yes or No)	Total Value

**Section 4. Real Estate Owned**

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name/Address of Mortgage Holder			
Monthly Rental Income			
Mortgage Balance			
Monthly Mortgage Payment (Principal & Interest plus Taxes)			
Status of Mortgage			

*(Please photocopy this sheet if additional space is required)*

Exhibit A to Credit Application  
**FINANCIAL STATEMENT**

**Section 5. Other Personal Property & Assets** *(Describe in detail; and if any is pledged as security, state name and lien holder amount of all lien terms of payment and if delinquent, describe delinquency.)*

**Section 6. Unpaid Taxes** *(Describe in detail; ad to type, to whom payable, when due, and to what property, if any, a tax lien attaches.)*

**Section 7. Other Liabilities, including Notes or Debts Guaranteed** *(Describe in detail.)*

**Section 8. Life Insurance Held**

Company	Policy #	Face Amount	Cash Surrender Value	Policy Loan (Yes or No)	Pledged (Yes or No)	Beneficiary

Has either Applicant ever filed Bankruptcy?

Date?

Outcome?

I authorize AFC to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above information and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Exhibit B to Credit Application  
**INSURANCE AGENT/AGENCY QUESTIONNAIRE**  
(Use attachments if needed to fully respond)

**ABOUT AGENCY BEING PURCHASED**

Owner's Name: \_\_\_\_\_ Selling Agent Number: \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
City County State Zip

Phone/Email: ( ) ( ) \_\_\_\_\_  
Office phone Office fax Email address

When was the agency established? \_\_\_\_\_ How long has the seller owned it? \_\_\_\_\_

Is there any debt on the agency? \_\_\_\_\_ If yes, Lender Name: \_\_\_\_\_

Loan Balance: \_\_\_\_\_ Loan Maturity: \_\_\_\_\_ Loan Rate: \_\_\_\_\_

What is the owner's reason for selling? \_\_\_\_\_

How many licensed staff (other than agent or record) are employed at the agency? \_\_\_\_\_ How many unlicensed? \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING FOR EACH BOOK OF BUSINESS YOU HAVE ACQUIRED IN THE PAST 3 YEARS**

Seller's Name: \_\_\_\_\_ Selling Agent Number: \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
City County State Zip

Phone/Email: ( ) ( ) \_\_\_\_\_  
Office phone Office fax Email address

Purchase price of agency: \_\_\_\_\_ Date the book was transferred: \_\_\_\_\_

Amount financed: \_\_\_\_\_ Interest rate (APY) on the loan: \_\_\_\_\_

Lender Name: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Number of months remaining on loan: \_\_\_\_\_

Collateral provided for loan: \_\_\_\_\_

When was agency established? \_\_\_\_\_ How long had the seller owned it? \_\_\_\_\_

What was the owner's reason for selling? \_\_\_\_\_

*(Please photocopy this sheet if additional space is required)*

**Note: Please complete this page for each corporate officer identified other than applicant, in the Agency Information section on page 1 of this application. In addition, all Guarantors must sign on the bottom of page 4 of this application.**

Exhibit C to Credit Application  
**GUARANTOR QUESTIONNAIRE**

Name of Applicant Requesting Credit: \_\_\_\_\_

**GENERAL INFORMATION**

Guarantor's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Driver License Issue Date: \_\_\_\_\_ Driver License Expiration Date: \_\_\_\_\_

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**GENERAL FINANCIAL INFORMATION**

\_\_\_\_\_ Complete a copy of Financial Statement (Exhibit A)

\_\_\_\_\_ Provide guarantor federal income tax returns for the last three (3) years

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**EMPLOYMENT AND EDUCATION HISTORY**

**WORK EXPERIENCE:** *(Include 20 years of employment or last 5 employers. If more space is needed, provide an attachment.)*

Employer Name	Address	Position/Title	Dates of Employment

**EDUCATION:**

	School Name	Year Completed	Degree
High School			
College			
Other			