

**New Agent Application**

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Doing Business as:  CORPORATION  PARTNERSHIP  INDIVIDUAL  LLC

If Corporation or Partnership, give names; titles of principal officers or partners; date entity formed; State of Incorporation:

\_\_\_\_\_

Name and Home Address of Principal(s)/Owner(s)	Date of Birth	SSN#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. How long in insurance industry under above agency name? \_\_\_\_\_(years) How long agency licensed? \_\_\_\_\_(years)  
*(Please list any prior agency names and addresses on attached sheet)*

2. Percentage breakdown of Agency revenue  Commercial  Personal  Life & Health

3. List below the top 5 Property and Casualty companies you represent?

Product Type	Annual Volume	Loss ratio/year	Insurance Company	Year Contracted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A. List of additional agency locations:

Name/street address	City	St	Zip code	Phone#	Fax#
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

B. Federal ID (FEIN) or Social Security No.: \_\_\_\_\_  
**(MUST BE FILLED IN FOR IRS PURPOSES)**

C. Are you a Managing General Agent? \_\_\_\_\_ General Agent? \_\_\_\_\_

D. Producer License Certificates *(Please include license copies of all agents).*

E. Insurance Bond Co.: if applicable *(include copy)* Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Bond Limit: \$ \_\_\_\_\_