

AGENCY INFORMATION

Agency Legal Name: _____

Business Physical Address _____

Business Mailing Address _____

Business Phone _____ Fax _____ Fed Tax ID _____

E-Mail _____ License _____

Contact Person/Title _____

Current Owner(s) Years in Business _____ Year Agency Established _____ Number of Employees _____

OWNERSHIP INFORMATION (Please attach a separate chart, if necessary)

1) Name _____ Title _____ % Ownership _____

2) Name _____ Title _____ % Ownership _____

RELATIONSHIP DETAILS (Carrier/MGA Appointments)

1) Full Name of Company/General Agent _____ City/State _____

Contact Name _____ Phone # _____ E-Mail _____

2) Full Name of Company/General Agent _____ City/State _____

Contact Name _____ Phone # _____ E-Mail _____

3) Full Name of Company/General Agent _____ City/State _____

Contact Name _____ Phone _____ E-Mail _____

OPERATIONS DETAILS

Total P&C Volume \$ _____ % Personal _____ % Commercial _____ Avg. Size Account \$ _____

Type of Coverage Financed _____

Concentration in any Industry(ies) _____

Current Premium Financing Vendor _____

Is Your Agency Part of a Cluster _____ If yes: Name _____

By signing below, I certify that all information provided on this form is true, correct, and complete. I further authorize Premium Finance Now, LLC, and any affiliated entities, to obtain any necessary reference or verification information regarding this firm from the references listed above.

Authorized Signature _____ Date _____

Printed Name: _____ Title: _____