



APPLICATION FOR AGENCY OR BROKERAGE APPOINTMENT

NAME OF AGENCY

FOR COMPANY USE ONLY

AGENCY CODE NO. _____

MARKETING REPRESENTATIVE _____

**1313 NW 167th Street
Miami, FL 33169
305-940-5022**

Agency Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-Mail Address _____

When was agency established _____

Any other branches? Yes ___ No ___ (*Attach additional locations on separate sheet)

ADDRESS	Name of Manager
_____	_____
_____	_____

List Partners or Officers ___ Individual ___ Partnership ___ Corp ___ FEI # _____

Name	Residence Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference:

Name _____ Acct # _____

Address _____

COMPANIES NOW REPRESENTING:	#YEARS	LINE OF BUSINESS	ANNUAL PREMIUM VOLUME
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Please provide us with production and loss ration reports from these companies

Give name, address and telephone number of three business references in this city or state whom we may contact (No relatives please)

NAME	POSITION	ADDRESS	TEL NO.
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Has the applicant or any of the principal(s) or agent(s):

- | | Yes | No |
|---|-----|-----|
| • Ever been bonded? | () | () |
| • Ever been refused a Surety Bond? | () | () |
| • Ever been arrested, indicted or convicted for any felony, misdemeanor, except minor traffic offenses? | () | () |
| • Ever been known personally by another name or have conducted Business or bank accounts in any other name? | () | () |
| • Ever been refused an insurance license in any state? | () | () |
| • Do you have a debit balance with any insurance firm? | () | () |

(If the answer to any of the above question is "yes" attach a written explanation)

LIST LICENSED AGENT(s): (*Attach a separate sheet for additional agents)

Agent Name _____ Lic # _____

Home Address _____ Tel # _____

SS # _____ Place of Birth _____ D.O.B. _____

Agent Name _____ Lic # _____

Home Address _____ Tel # _____

SS # _____ Place of Birth _____ D.O.B. _____

Agent Name _____ Lic # _____

Home Address _____ Tel # _____

SS # _____ Place of Birth _____ D.O.B. _____

Please submit copy of License(s) with agency appointment form for each licensed agent.

What other business does agency engage in? _____

Name your E & O Company below – (Please attach a copy of Declaration Page)

1. Name of Company _____
2. Policy No. _____ Effective Date _____
3. Limits _____ Deductible _____

SPECIAL NOTICE

In making this application, it is understood that an investigative consumer report may be prepared. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

_____ Title _____ Date _____
PRINT NAME

APPLICANTS SIGNATURE