

AGENCY NAME (as shown on license) \_\_\_\_\_

Corporation

Proprietorship

Partnership

AUTHORIZED DBA \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

1. LICENSE # \_\_\_\_\_ FSC # \_\_\_\_\_

2. TAX ID # \_\_\_\_\_ OR SOCIAL SECURITY # \_\_\_\_\_ (Attach W-9)

**3. LIST ALL OWNERS OF FIRM:**

NAME	TITLE	YRS IN AGENCY	LICENSE NUMBER

**4. LIST MAIN PRODUCERS THAT WILL BE SELLING PRO GENERAL PRODUCTS:**

NAME	TITLE	YRS IN AGENCY	LICENSE NUMBER

**5. COMPANY REPRESENTATION:**

COMPANY	YEAR FIRST APPTD	APPROXIMATE ANNUAL VOLUME		LOSS RATIO
		PREMIUM	APPLICATIONS	

6. DOES THE AGENCY SPECIALIZE IN CERTAIN LINES OR CLASSES OF BUSINESS? SPECIFY:

\_\_\_\_\_  
\_\_\_\_\_

7. TOTAL ANNUAL AGENCY PREMIUM VOLUME: \_\_\_\_\_

8. SOURCES OF NEW BUSINESS TO AGENCY (Indicate approximate percentages):

YELLOW PAGES	_____ %	CUSTOMER REFERRALS	_____ %
INTERNET	_____ %	TV OR RADIO ADVERTISING	_____ %
AUTO DEALER REFERRALS	_____ %	OTHER _____	_____ %

9. NUMBER OF NEW ACCOUNTS WRITTEN MONTHLY BY THE AGENCY:

PREFERRED AUTO \_\_\_\_\_ NON-STANDARD AUTO \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ PROPERTY \_\_\_\_\_

10. ERRORS AND OMISSIONS CARRIER: \_\_\_\_\_ (Attach copy of declaration page)

11. HAS ANY AGENCY PRINCIPAL EVER FILED BANKRUPTCY OR HAD REGULATORY ACTION TAKEN AGAINST THE AGENCY?

YES  NO WHEN? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

12. COMPARATIVE RATER: \_\_\_\_\_

13. AGENCY MANAGEMENT SOFTWARE: \_\_\_\_\_ DOWNLOADS REQUESTED:  YES  NO

14. AUTHORIZATION AGREEMENT FOR EFT AND DIRECT DEPOSIT OF COMMISSION:

AGENCY SWEEP ACCOUNT BANK NAME: \_\_\_\_\_ BRANCH LOCATION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ABA (ROUTING) NUMBER: \_\_\_\_\_

This application authorizes Pro General Insurance Services, Inc. to automatically debit the bank account above. Furthermore, I agree if any such electronic debit(s) should be returned as "non-sufficient funds", I authorize Pro General Insurance Solutions, Inc. to collect a returned item fee of \$20 per item by electronic debit from my trust account.

Initial \_\_\_\_\_

COMMISSION ACCOUNT BANK NAME: \_\_\_\_\_ BRANCH LOCATION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ABA (ROUTING) NUMBER: \_\_\_\_\_

I understand that this authorization will remain in effect until I notify Pro General Insurance Services, Inc. that I no longer desire this service, allowing reasonable time to act upon my notification which will be in writing.

Initial \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

AGENT CODE(S) \_\_\_\_\_