

Agent Details

Licensed Agency Name

Mailing Street Address

City

State

Zip Code

Physical Street Address (if different from above)

City

State

Zip Code

Telephone

Fax

Email

Name of Agency Principal(s)

Main Contact

Title

Phone

Years in Business

Number of Agency Personnel

Number of Licensed Producers

Fed Tax ID Number

Agency License Number

Annual Gross Written Premium \$

Commercial Lines %

Personal Lines %

Annual Amount Financed \$

Average Policy Size \$

Current Premium Finance Company

Relationship Details (Please provide the following information on your most commonly used markets)

Insurance Company Name

City/State

Phone

Contact

Insurance Company Name

City/State

Phone

Contact

MGA/GA Name

City/State

Phone

Contact

MGA/GA Name

City/State

Phone

Contact

By signing below, I certify that the information on this form is correct and that **gotoPremiumFinance.com** or any affiliated company is authorized to gain any necessary reference information about this firm from the references listed above.

Authorized Signature**Office Use Only**

CODE	PSWD	RC	CONFIG	CRD	PFPLAN