



# AGENCY APPLICATION

E-mail completed and signed pages to  
AgentServices@nationalpartners.com

Fax completed form to 720-930-4341

AGENCY OWNERSHIP STRUCTURE    CORPORATION    PARTNERSHIP    LLC    SOLE PROPRIETORSHIP

AGENCY NAME			D.B.A. NAME (IF ANY)		
STREET ADDRESS (STREET ADDRESS OF THIS OFFICE)					
CITY	STATE	ZIP	Agency Contact for Premium Finance: E-mail address for contact:		
MAILING ADDRESS (IF DIFFERENT)					
PHONE NUMBER (INCLUDING AREA CODE)		FAX NUMBER (INCLUDING AREA CODE)		E-MAIL ADDRESS	
DATE AGENCY ESTABLISHED	HOW LONG UNDER CURRENT OWNERSHIP (YRS.)	NUMBER OF OWNERS (ABOVE 20% LEVEL)	TAX I.D. NUMBER	IS THIS THE HOME OFFICE	# OF BRANCH OFFICES
<b>NOTICE PREFERENCES - Please reference the notice form for a detailed list of all notices</b>					
Funding Notification:	E-mail	Fax	E-mail Address:		
All Other Notices:	E-mail	Fax	E-mail Address:		

TOTAL NUMBER OF LICENSED PRODUCERS AND EMPLOYEES					
	# of PRODUCERS	# of EMPLOYEES	(ESTIMATED)	# of PRODUCERS	# of EMPLOYEES
THIS OFFICE:			ALL BRANCH OFFICES:		

COMMERCIAL PREMIUM VOLUME						
Annual Commercial Premium Volume (\$)	Annual Number of Policies/Accounts	Average Premium (\$) per policy/account	% of Premiums Financed	% Cancellation Frequency Expected	Expected Largest Amt Financed (Range)	
Specialty Insurance Lines Financed (i.e. GL, Trucking, W/C, etc.)						
Reference Agency Appointments	Coverage Type	Annual Premium Volume	City	State	Contact Person	Phone Number
1)						
2)						

E&O COVERAGE					
Company		Policy Number	Amount Per Occurrence	Amount Cumulative	Expiration Date
Names of Primary Licensed Producers		License Number	Approx. Yrs in Business	Resides in this office?	Resides in What Office

AGENCY MANAGEMENT SYSTEM    AMS (ANY)    APPLIED (ANY)    OTHER/  
SPECIFY

# AUTHORIZATION TO OBTAIN INFORMATION



Date:

I/We hereby authorize National Partners PFCo, LLC or its assignees to verify the accuracy of the information contained in the information provided and to obtain business, as well as personal credit information. The undersigned hereby authorize(s) National Partners to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business.

Note: All parties who are principals in the agency greater than 20.0% must sign this form.

Name and Address of Agency Owners (Attach additional pages if necessary)

## AGENCY OWNERSHIP STRUCTURE

Name of Owner	% of Co Ownership	Owner Resides (City/State)	Employee of Agency? Yes/No
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Name:		Social Security #:	
Signature		% of Ownership:	
Address:		City and State:	ZIP:

Name:		Social Security #:	
Signature		% of Ownership:	
Address:		City and State:	ZIP:

Name:		Social Security #:	
Signature		% of Ownership:	
Address:		City and State:	ZIP:

Name:		Social Security #:	
Signature		% of Ownership:	
Address:		City and State:	ZIP: