



NATIONAL PARTNERS

New Agent Application

Contact Details:

Agency Name:	DBA (if applicable):
Street Address:	
City, State, Zip:	
Mailing Address (if different):	
Phone Number:	Fax Number:
Agency Contact:	E-mail Address:

Agency Background:

Date Agency Established:	How Long Under Current Ownership (Years):
Is the Address Above the Home Office? (Y/N):	Number of Branch Offices:
Total Number of Producers:	Total Number of Employees:
Agency Management System:	Number of Owners (Above 20% Level):
Agency Ownership Structure (Corporation, Partnership, LLC or Sole Proprietorship):	

Agency E&O Information:

Insurance Company	Policy Number	Amount per Occurrence	Cumulative Amount	Expiration Date
		\$	\$	

Commercial Premium Volume Details:

Total Written Premium	Annual Amount Financed	Average Amt. Fin. per Account	Largest Premium Financed Account	Cancellation Frequency Expected
\$	\$	\$	\$	%
Specialty Lines of Coverage or Programs Financed:				

Setup Specifics:

DocuSign	Yes	No
Notices	E-mail	Fax
Additional Notice Detail (specify e-mail addresses here – Funding, Notice of Acceptance, Notice of Cancellation, Reinstatement Requests, etc.)		

Login IDs and Permissions:

Name	E-mail Address	View Comp (Y/N)	Edit Comp (Y/N)	Reporting Access (Y/N)

Please e-mail completed application to: AgentApplication@nationalpartners.com



NATIONAL PARTNERS

Authorization to Obtain Credit Information

Date: _____

I/We hereby authorize National Partners PFco, LLC or its assignees to verify the information provided below and on our Agent Application and to obtain business, as well as personal credit information. The undersigned hereby authorize(s) National Partners to obtain a consumer credit report on the undersigned at initial setup and from time to time in connection with the extension or continuation of business.

Agency Ownership Structure

Name of Owner:	Percentage of Company Ownership:
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Street Address	City, State, Zip	Social Security Number	Employee of Agency (Y/N)

Printed Name: _____ Signature: _____

Name of Owner:	Percentage of Company Ownership:
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Street Address	City, State, Zip	Social Security Number	Employee of Agency (Y/N)

Printed Name: _____ Signature: _____

Name of Owner:	Percentage of Company Ownership:
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Street Address	City, State, Zip	Social Security Number	Employee of Agency (Y/N)

Printed Name: _____ Signature: _____

*Note: All parties who are principals in the agency greater than 20% must sign this form.

Please e-mail completed application to: AgentApplication@nationalpartners.com