

# SUB-PRODUCER-AGENT INFORMATION

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AGENCY NAME:			
MAILING ADDRESS:			
PHYSICAL ADDRESS:			
FEDERAL TAX ID:		OWNERS Social Security #	
Telephone #:		Fax#	
Agency Legal Status	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Sole prop: <input type="checkbox"/>

**List all owner(s); Shareholders(s); Partners:**

NAME	RESIDENCE ADDRESS	RESIDENCE PHONE

**DATE AGENCY ESTABLISHED:** (IF LESS THAN TWO YEARS, ATTACH RESUME')

**NAMES OF INSURANCE COMPANIES REPRESENTED:**

NAME	#OF YEARS	EST VOLUME	TYPE OF BUSINESS

**NAMES OF OTHER WHOLESALERS, OR MGA'S YOU DO BUSINESS WITH:**

NAME	#OF YEARS	EST VOLUME	TYPE OF BUSINESS

Department Contact information: (Please indicate where emails should be directed)

Department	Name	Email Address	Phone #/Ext
Accounting			
Underwriting			
Owner			

Have you or any of the owners within this agency filed bankruptcy?  Yes  No, If yes – Details \_\_\_\_\_

Any outstanding balances owed to any carrier, MGA, and or Broker – which are overdue?  Yes  No, If yes – Details \_\_\_\_\_

Has the TDI conducted any type of investigation or conducted and disciplinary hearings of any of the owners or this agency?  Yes  No, If yes – Details \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Phone#: \_\_\_\_\_

Do you have E & O insurance?  Yes  No Company: \_\_\_\_\_  
Limit: \_\_\_\_\_ Attach a copy with this application.

**FAIR CREDIT REPORTING ACT NOTICE**

AS A CONDITION FOR PROFESSIONAL INS.EXECUTIVES, INC. TO CONSIDER ENTERING INTO A CONTRACT WITH THIS INSURANCE AGENCY, I UNDERSTAND THAT IN COMPLIANCE WITH THE FEDERAL FAIR CREDIT ACT (PUBLIC LAW 91-508). A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

I UNDERSTAND THAT MY AGENCY UNDER NO CIRCUMSTANCES HAS BINDING AUTHORITY FOR ANY BUSINESS PLACED WITH PROFESSIONAL INSURANCE EXECUTIVES, INC. I FURTHER UNDERSTAND THAT ONCE A WRITTEN REQUEST HAS BEEN MADE TO BIND COVERAGE WITH PROFESSIONAL INSURANCE EXECUTIVES, INC., A MINIMUM EARNED PREMIUM WILL BE IMMEDIATELY INCURRED OF NO LESS THAN 25% AND ADDITIONAL INSURED ENDORSEMENTS ARE FULLY EARNED.

SUB-PRODUCER/AGENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Inc.