

Confidential Information Form

AGENCY NAME _____

MAILING ADDRESS: _____ **CITY, STATE** _____ **ZIP** _____

STREET ADDRESS IF DIFFERENT: _____

PHONE NO _____ **FAX NO** _____

PRINCIPALS NAME _____

AGENCY DBA: _____ **INDIVIDUAL** _____ **PARTNERSHIP** _____ **CORPORATION** _____

DATE AGENCY ESTABLISHED _____ **FEDERAL ID # OR SOCIAL SECURITY #** _____

LICENSE NO _____ **TYPE OF LICENSE** _____

AGENCY PERSONNEL/OFFICERS	LICENSE NO	TITLE/DUTIES
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAMES OF COMPANIES CURRENTLY LICENSED AND UNDER CONTRACT WITH YOUR AGENCY:

COMPANY	DATE LICENSED	PREMIUM VOLUME
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANNUAL PREMIUM VOLUME (ALL COMPANIES) _____ **% SUR-PLUS LINES** _____

ERRORS & OMISSIONS: _____ **YES** _____ **NO** _____

CARRIER _____ **POLICY NO** _____ **TERM DATES** _____

LIMITS _____ **DEDUCTIBLE** _____

BANK REFERENCE _____ **CITY, STATE** _____

DATE _____ **COMPLETED BY** _____