



AGENT APPOINTMENT FORM

Agent Code

Please check box below:
Single Location
Multiple Locations (Attach additional sheet with location details)

P.O. Box 310
Marble Falls, TX 78654

Agency Information

Agency Name: _____ Years in business: _____

DBA Name: _____ Comparative Rater: _____

Agency Address: _____
(Street) (City) (State) (Zip) (County)

Mailing Address: _____
(Street) (City) (State) (Zip) (County)

Agency Phone #: _____ Agency Fax #: _____ Agency Email: _____

Key Agency Personnel

Name: _____ Title: _____

Organization Type: Sole Proprietor Partnership Corporation Limited Liability Company

Tax ID Number: _____

Do you carry Errors & Omissions insurance? Yes No (If yes), Policy # _____

Carrier Name: _____ Eff. Date: _____ Policy Limit: _____

Principal Legal Name: _____
First Middle Last

Social Security Number: _____ Date of Birth: _____
Month Day Year

Resident Address: _____
(Street) (City) (State) (Zip) (County)

Mailing Address: _____
(Street) (City) (State) (Zip) (County)

Resident Phone: _____ Email Address: _____

TDI LICENSE INFORMATION - *Attach current copy of appropriate State License(s)*

Licensing Lines: P&C General Lines County Mutual Life & Health Surplus Lines

State License ID Number: _____ State Licensed: _____

List the top 4 companies in the agency by line of business, production and loss ratio for which you have been appointed in the past three years

Carrier Name	Line	Written Premium	Loss Ratio
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND QUESTIONS: If your answer is “yes” to any of the questions below, please write on a separate sheet and attach. **FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.**

1. Are you now being sued or have you ever been sued or had a judgment rendered against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever filed for bankruptcy or sought protection from your creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever been charged, convicted, or pled guilty or nolo contendere (“no contest”) to:	
a) A felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Any misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has any federal or state regulatory agency ever:	
a) censored you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) found you made false statement(s) or omissions or been dishonest, unfair, or unethical?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you now or have you ever been prevented from engaging in any activities related to securities, insurance, annuities, real estate, or any other type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. In the last five years, have any agent or broker contracts which you held with investment, real estate, insurance companies or agencies been canceled for cause?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTICE AND RELEASE FORM



I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of my agent’s contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract.

Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer number.

Print Agency Name: _____

Print Applicants Name: _____

Applicant Signature: _____

Title of Applicant: _____

Date: _____