



APPLICATION FOR AGENCY APPOINTMENT

Legal Agency Name _____
Agency DBA _____
Physical Address _____
Mailing Address _____
Phone Number _____ Fax Number _____
Agency Email Address _____
Agency Website _____

Business Entity: Sole Proprietor Partnership Corporation LLC PLLC

Resident State and License Number _____
Non-Resident State of Operation and License Numbers _____

Date Agency Established: _____ Number of Years Under Current Ownership: _____

During the past 5 years has the agency acquired and/or merged with another agency or changed names?
 Yes No If yes, please describe: _____

Is the agency engaged in, owned by, associated or affiliated with, or controlled by any other business interest?
 Yes No If yes, please describe: _____

Has any member of the agency ever received any disciplinary action by a State Insurance Department or other Regulatory Authority?
 Yes No If yes, please describe: _____

Agency Principals

Name	Title	Years Exp	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Branch Office Locations
Branch Name _____
Physical Address _____
Mailing Address _____
Phone Number _____ Fax Number _____
Contact Person _____
Email Address _____

Branch Office Locations
Branch Name _____
Physical Address _____
Mailing Address _____
Phone Number _____ Fax Number _____
Contact Person _____
Email Address _____

Managing General Agencies currently represented

Name

Line of Business

_____	_____
_____	_____
_____	_____
_____	_____

What line of business are you looking to place with Evergreen Insurance Managers Inc?

Line of Business

Estimated Premium Volume

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List professional insurance associations/organizations of which you are a member: _____

Name of Agency Bookkeeper: _____

Email Address _____

Preferred method of policy delivery? By CD By Email

Does agency maintain Errors & Omissions coverage? Yes No

The undersigned hereby declares that the answers given with respect to the foregoing going questions are true, complete and accurate with no misrepresentations, omissions or other concealment of facts.

Signature _____
Printed Name _____
Title _____
Date Signed _____

Required attachments:

- Copy of agency license(s)
- Copy of agency E&O declarations page
- W-9 Form