



APPLICATION FOR AGENCY APPOINTMENT

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

Business Entity: Sole Proprietor Partnership Corporation LLC

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:

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

Table with 4 columns: Name, Title, Years Exp, Email Address. Contains 3 rows of blank entries.

Contact Person for Agency Accounting/Bookkeeper:
Name
Email Address

Contact Person for Agency Operations (E&O, Licensing, etc):
Name
Email Address

Branch Office Locations
None
Branch Name
Physical Address
Mailing Address
Phone Number Fax Number
Contact Person
Email Address

Branch Office Locations (continued)

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

What types of risks (or line of business) are you looking to place with Evergreen Insurance Managers Inc?

Type of Risk / Line of Business	Estimated Premium Volume
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How did you hear about our excellent products and service?

Word of Mouth Internet Search Email Advertisement Other _____

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