

# CAPITAL PREMIUM FINANCE AGENCY APPLICATION

Please provide the information requested and complete and sign the information disclosure authorization provided below. Please attach additional pages if there is insufficient space to provide all information requested below.

AGENCY NAME:		
D.B.A. NAME (IF ANY):		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT):		
CITY:	STATE:	ZIP:
PHONE #:	FAX #:	EMAIL ADDRESS:
DATE AGENCY ESTABLISHED:	HOW LONG UNDER CURRENT OWNERSHIP:	

## AGENCY OWNERSHIP STRUCTURE

PRINCIPAL	TITLE	% OF OWNERSHIP

## CURRENT VOLUME OF PREMIUM

ANNUAL PREMIUM VOLUME (\$)	ANNUAL NUMBER OF POLICIES	AVERAGE PREMIUM (\$)	% PREMIUMS FINANCED	% CANCELLATION FREQUENCY EXPECT	EXPECTED LARGEST AMOUNT FINANCED

DESCRIBE TYPES OF INSURANCE BUSINESS THE AGENCY DESIRES TO FINANCE:

## PRIMARY PRODUCERS

NAME	LICENSE #

## BANKING REFERENCE

NAME OF BANK WITH WHOM YOUR AGENCY DOES BUSINESS:
NAME OF BANK OFFICER:
ADDRESS:
PHONE NUMBER:

## CREDIT QUESTIONNAIRE

Please explain any "Yes" answers on a separate sheet and attach it to this application

	YES	NO
ARE THERE ANY LAWSUITS, JUDGEMENTS, LIENS OR FORECLOSURES PENDING AGAINST THE BUSINESS OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS?		
HAS THE BUSINESS OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS EVER FILED FOR BANKRUPTCY INCLUDING CHAPTERS 7, 11 OR 13?		
IS THE BUSINESS OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS CURRENTLY PARTY TO A LAWSUIT?		
HAS THE BUSINESS OR ANY OF ITS AFFILIATES OR PRINCIPAL OWNERS HAD A LICENSE OR PERMIT SUSPENDED, RESTRICTED OR REVOKED?		

# CAPITAL PREMIUM FINANCE AGENCY APPLICATION

Please provide the following:

- Copy of valid agency license for Agency
- Copy of your Agency's E & O Insurance Policy
- List of Primary Carriers

COMPANY

- List of primary managing general agents and surplus lines agents that you use

COMPANY	CONTACT PERSON	PHONE #

I/We hereby: (a) represent and warrant the accuracy of the foregoing information; (b) authorize Capital Premium Finance to verify the accuracy of the information contained herein, and to obtain business as well as personal credit information; and authorize Lender to utilize a consumer credit report from time to time in connection with the extension or continuation of the business.

\_\_\_\_\_  
(Name of Agency)

By: \_\_\_\_\_  
\_\_\_\_\_ as \_\_\_\_\_

**Principal**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Principal**

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_