

Agency Profile

Agency Legal Name: _____

Does your agency use a name
other than the Agency name (e.g. DBA) ? _____

If yes, what is that name: _____

Agency Federal ID: _____

Agency Owner Name: _____

E-mail Address: _____

Phone: (_____) _____

Fax: (_____) _____

Business Address

Street: _____

City: _____

State: _____

Zip code: _____

Mailing Address

Street: _____

City: _____

State: _____

Zip code: _____

Licensing

Year agency started business: _____

Multiple Locations?: _____

If yes, where: _____

Are you affiliated with a franchise of or have ownership in any other insurance agencies, groups or companies?: _____

Business type: _____

Primary Office Space: _____

Errors & Omssions (E&O)

E&O Carrier: _____

E&O Police number: _____

Policy expiration date: _____

Limits of Liability: _____

Previous or current NITIC appointment; _____

Are you or were you most recently affiliated with a captive insurance company?

Is your agency in an Urban Enterprise Zone?_____

Are you a UZAR agent/broker _____