



# EXPRESS PREMIUM FINANCE

Phone: 800-728-2902

Fax: 888-413-8898

## AGENCY APPLICATION

P  
L  
E  
A  
S  
E  
  
P  
R  
I  
N  
T

AGENCY NAME			D.B.A. NAME (IF ANY)		

STREET ADDRESS (STREET ADDRESS OF THIS OFFICE)					

CITY		STATE	ZIP	AGENCY CONTACT PERSON FOR PREMIUM FINANCE	

MAILING ADDRESS (IF DIFFERENT)					

PHONE NUMBER (WITH AREA CODE)		FAX NUMBER (WITH AREA CODE)		E-MAIL ADDRESS	

AGENCY OWNERSHIP STRUCTURE: CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP  LLC

DATE AGENCY ESTABLISHED	HOW LONG UNDER CURRENT OWNERSHIP	NUMBER OF OWNERS (ABOVE 15%)	TAX ID NUMBER	IS THIS THE HOME OFFICE	# OF BRANCH OFFICES

### \*\*\*TOTAL NUMBER OF LICENSED PRODUCERS AND EMPLOYEES\*\*\*

	PRODUCERS	EMPLOYEES		PRODUCERS	EMPLOYEES
THIS OFFICE:			ALL BRANCH OFFICES:		

### AGENCY STATISTICS

Agency Annual Premium Volume (\$)	Annual Number of Policies	Average Premium (\$)	% Premiums Financed	% Expected Cancellations	Expected Largest Amt Financed

Specialty Insurance Lines Financed (i.e. GL, Trucking, WC, etc.)					
--	--	--	--	--	--

Agency Market References	Coverage Type	Annual Premium Volume	City	State	Contact Person	Phone Number
1)						
2)						
3)						

### E&O COVERAGE

Company	Policy Number	Amount Per Occurrence	Amount Cumulative	Expiration Date

### AGENCY PRODUCERS

Names of Licensed Producers	License Number	Approx. Yrs In Business	Resides in this Office?	Resides in What Office?
1)				
2)				
3)				
4)				



# EXPRESS PREMIUM FINANCE

Phone: 800-728-2902  
Fax: 888-413-8898

## AUTHORIZATION TO OBTAIN INFORMATION

I/We hereby authorize Express Premium Finance Company, LLC (hereafter "EPF") or its assigns to verify the accuracy of the information contained in the information provided and to obtain business, as well as personal credit information. The undersigned hereby authorize(s) EPF to utilize a consumer and/or business credit report on the undersigned from time to time in connection with the extension or continuation of the business.

Notice: If your application for business credit is denied, you have the right to a statement of the specific reasons for denial.

Please contact EPF in writing within 60 days from the date you are notified of the credit decision. A written statement of reasons for denial will be provided within 30 days of receiving your request.

**NAME & ADDRESS OF AGENCY OWNERS (ATTACH ADDITIONAL PAGES IF NECESSARY)**

Name: \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ % Ownership: \_\_\_\_\_

**Note: All Parties who are principals in the agency greater than 15% must sign this form.**