



# Agent/Broker Activation

<b>Agency Information</b>		Date: _____
Agency Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____ FEIN / TIN: _____
Telephone #: _____	Fax #: _____	Web Address: _____
Agency Contact Name: _____	Title: _____	E-mail: _____
Agency Contact Name: _____	Title: _____	E-mail: _____
Agency Contact Name: _____	Title: _____	E-mail: _____
Est Total Annual Premiums: \$ _____	Years in Business: _____	
Est Annual Comm. P&C Premiums: \$ _____	Avg. Contract Size: \$ _____	
Est Annual Finance Volume: \$ _____	Current PF Sources: _____	
Number of Employees: _____	Special Programs: _____	
Number of Producers: _____	Type of Business: _____	

<b>E&amp;O Policy Information</b>		
Company: _____	Policy Number: _____	
Amount Per Occurrence: _____	Amount Cumulative: _____	Exp. Date: _____

<b>Producer Information</b> <i>(attach add'l pages if necessary)</i>				
Name of Licensed Producers	License #	Number of Years Licensed	Resides in Main Office?	Resides in Branch Office?
1)				
2)				
3)				
4)				

<b>Name &amp; Address of Agency Owners</b> <i>(attach add'l pages if necessary)</i>				
Name: _____	Ins. Lic. # _____	SS #: _____		
Title: _____	Address: _____	City: _____	State: _____	Zip: _____
Signature: _____	Date: _____	% Ownership _____		
Name: _____	Ins. Lic. # _____	SS #: _____		
Title: _____	Address: _____	City: _____	State: _____	Zip: _____
Signature: _____	Date: _____	% Ownership _____		

**Signers authorize BIC to verify the information provided and to obtain business and personal credit information.**



# Agent/Broker Activation

**P&C Insurance Company References (3 required):**

Company Name: 1) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact # or E-mail: \_\_\_\_\_

Company Name: 2) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact # or E-mail: \_\_\_\_\_

Company Name: 3) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact # or E-mail: \_\_\_\_\_

**P&C GA/Wholesale Broker Reference (2 required):**

Name: 1) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact # or E-mail: \_\_\_\_\_

Name: 2) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact # or E-mail: \_\_\_\_\_

**Bank Reference (1 required):**

Name of Bank: \_\_\_\_\_ Trust Account #: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 Officer Contact at Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Authorization to Obtain Information**

**I acknowledge that the information provided is true and accurate. I hereby authorize Budget Installment Corporation to verify the information provided and to obtain business and personal credit information.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: The FEIN / TIN is a required field.**

**Internal Use Only**

Sales Executive Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Date of Initial Visit: \_\_\_\_\_