



AGENCY APPLICATION

Agency Name _____

Physical Address _____

Mailing Address _____

Individual _____ Partnership _____ Corporation _____

Year Founded _____ Other Locations _____

Phone _____ Fax _____ Email address _____

Alternate Phone # _____ Tax ID # _____

Agency License # _____ Expiration _____

E & O Policy # _____ Carrier _____ Exp _____

E & O Limits _____

(PLEASE ATTACH COPIES OF CURRENT E & O POLICY OR CERTIFICATE OF COVERAGE AND AGENCY LICENSES)

Accounting Contact

Name _____ Email _____

Marketing Contact

Name _____ Email _____

PLEASE INCLUDE A LIST OF ALL LICENSED SOLICITORS AND CSRS RESPONSIBLE FOR RATING, QUOTING AND PLACING BUSINESS

**Southern Trace Underwriters
Agency Application (Cont.)**

AGENCY VOLUME

Commercial Lines _____ Personal Lines _____

Commercial Surplus Lines (Non-admitted) _____

LIST TOP TWO STANDARD MARKETS WITH PREMIUM VOLUME FOR EACH

Company _____ Premium _____ Loss Ratio _____

Company _____ Premium _____ Loss Ratio _____

TOTAL AGENCY VOLUME _____

PERSONNEL

Full Time Producers _____ Full Time CSR/Acct Mgrs _____

Is the Agency involved in a Marketing or Cluster Group? _____

If so, please provide details _____

AGENCY PRINCIPALS:

(Please Include All Officers)

Name _____ Title _____ Email Address _____

Address _____ Phone _____

Name _____ Title _____ Email Address _____

Address _____ Phone _____

Name _____ Title _____ Email Address _____

Address _____ Phone _____

**Southern Trace Underwriters
Agency Application (Cont.)**

FINANCIAL INFORMATION

*PLEASE COMPLETE THE ATTACHED BANK REFERENCE LETTER AND
INFORMATION RELEASE FORM AND RETURN THE SIGNED FORM WITH YOUR
APPLICATION.*

Authorized Signature

Title

Date

**AUTHORIZATION
RELEASE OF INFORMATION**

This completed form is my authorization to release the indicated information to Southern Trace Underwriters.

Agency Name _____

Authorized Representative/Title _____ Date _____

Bank Name _____

Attention: _____

Regarding Account Number _____

Additional Account # (if applicable) _____

The above referenced has submitted an application to be appointed as an agent of Southern Trace Underwriters. If Southern Trace Underwriters elects to contract with this agency their monthly account balance could range from \$1,000 to \$100,000 or more.

Please provide the following information as soon as possible.

DATE ACCOUNT OPENED _____

AVERAGE BALANCE _____

ANY NSF's OR OD's _____

ACCOUNT IS SATISFACTORY UNSATISFACTORY

SIGNED _____ TITLE _____
(Signature of Bank Officer)

DATE _____

Thank you for your prompt response.

Stephen A. Nafe, President
SouthernTraceUnderwriters