

SGA TN

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www.sgatn.com

AGENCY APPLICATION

AGENCY NAME _____ PHONE # _____

ADDRESS: _____ FAX #: _____

CITY/STATE/ZIP _____ COUNTY: _____

TAX ID # _____ SS# _____

SURPLUS LINES LICENSE NUMBER _____

AGENCY PERSONNEL (principals and production agents)

	Name	License #	Years Exp	Title	Formal Insurance Education
1					
2					
3					
4					
5					
6					

AGENCY HISTORY

A, AGENCY BACKGROUND

Agency is: _____ Individual _____ Partnership _____ Corporation

When was present ownership of agency established ? _____

If less than three years, List previous agency name and principals: _____

Is Agency involved with occupation or financial interest other than Insurance? To what extent / Percent of time?

COMPANY DATA

A: APPROX TOTAL PROPERTY & CASUALTY PREMIUM OF AGENCY: \$ _____

B: AVERAGE ANNUAL GROWTH OVER FIVE YEARS \$ _____

LIST COMPANIES WHOSE FACILITIES HAVE BEEN ADDED OR DISCONTINUED IN LAST THREE YEARS

COMPANY	VOLUME
(1) _____	_____
(2) _____	_____

Are you contemplating discontinuance of any companies in the near future? _____

Reason: _____

C: LIST MAJOR PROPERTY AND CASUALTY COMPANIES IN AGENCY IN ORDER BY VOLUME

Attach premium and loss exhibits if available

COMPANY NAME	Years Rep	APPROX VOLUME
1: _____ _____	_____	Personal _____ Commercial _____
2: _____ _____	_____	Personal _____ Commercial _____
3: _____ _____	_____	Personal _____ Commercial _____

D: LIST ALL SPECIALTY COMPANIES IN ORDER BY VOLUME

COMPANY	VOLUME	REASON
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

FINANCIAL DATA

In what Bank do you maintain accounts? Please designate

TYPE OF ACCOUNT	NAME OF BANK	TITLE ON ACCOUNT
BUSINESS ACCOUNT		
AGENTS (AGENCY) ACCOUNT		
OTHER ACCOUNTS (IF ANY)		

TOTAL PREMIUM PAST DUE WITH ANY COMPANY \$ _____

PLEASE EXPLAIN _____

NET WORTH OF AGENCY \$ _____

ERRORS AND OMISSIONS CARRIER _____

POLICY NUMBER _____ EFFECTIVE DATE: _____

LIMITS _____ DEDUCTIBLE: _____

GENERAL INFORMATION

WHAT TOTAL PREMIUM VOLUME CAN WE EXPECT:

1ST YEAR _____ 2ND YEAR _____ 3RD YEAR _____

AGENTS SIGNATURE: _____

PRINT: _____ DATE: _____

MARKET AREA

INDICATE MARKET AREA DEVELOPING MAJORITY OF SALES:

WHAT IS THE POPULATION OF YOUR AGENCY'S MARKET AREA:

0 – 25,000	25,000 – 20,000	50,000 – 10,000
100,000 – 200,000	200,000 – 300,000	OVER 300,000

AREA GROWTH:

INCREASING _____ STATIC _____ DECLINING _____