

NATIONAL LLOYDS INSURANCE COMPANY AMERICAN SUMMIT INSURANCE COMPANY



P.O. BOX 2650 / WACO, TEXAS / 76702-2650 / licensing@natlloyds.com

AGENCY PROFILE

CORPORATION OR PRODUCERS NAME (AS IT APPEARS ON LICENSE)		
DBA NAME		
OFFICE PHONE ()	OFFICE FAX ()	
E-MAIL ADDRESS		
MAILING ADDRESS		
STREET ADDRESS		
CITYSTATE	ZIP CODE COU	UNTY
TAX ID #	SS #	
DATE AGENCY ESTABLISHED		
AGENCY OWNER		
HOME ADDRESS		
CITY	STATEZIP COI	DE
HOME PHONE ()		
PARTNERSHIPS/PRINCIPALS/OFFICERS	TITLE	<u>SS #</u>
AGENCY CONTACT PERSON		
PERSONAL LINES UNDERWRITING		
COMMERCIAL UNDERWRITING		
COMPANIES YOU ARE CURRENTLY REPRESENT AS MANAGING GENERAL AGENCIES. PLEASE	INDICATETHE DATE CONTRACTE	CD.
PERSONAL LINES	<u>COMMERCIA</u>	<u>AL LINES</u>
4-12-11		(OVER)

NAMES OF COMPANIES WITHDRAWN FROM YOUR AGENCY WITHIN THE PAST TWELVE
MONTHS. PLEASE GIVE THE REASON WHY.

I certify the above information is true to the best of my knowledge, I understand the issuance of my appointment is based on the accuracy of this application and that I am not permitted to solicit insurance until I have received my appointment from the State Insurance Department.

A photocopy of this authorization is to be accepted with the same authority as the original

Date	D	ate	
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_____ Signature _____

PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED UNLESS **ALL INFORMATION LISTED BELOW IS RECEIVED IN OUR OFFICE:**



> Photocopy of your Agent and/or Corporation License.



Authorization To Request a Pre Employment Report.