

**NATIONAL LLOYDS INSURANCE COMPANY
AMERICAN SUMMIT INSURANCE COMPANY**

licensing@natlloyds.com

AGENCY PROFILE

**CORPORATION OR
PRODUCERS NAME**

(AS IT APPEARS ON LICENSE) _____

DBA NAME

(IF APPLICABLE) _____

OFFICE PHONE ()

OFFICE FAX ()

E-MAIL ADDRESS _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

COUNTY _____

TAX ID # _____

SS # _____

DATE AGENCY ESTABLISHED _____

AGENCY OWNER _____

HOME ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE () _____

PARTNERSHIPS/PRINCIPALS/OFFICERS

TITLE

SS #

_____	_____	_____
_____	_____	_____
_____	_____	_____

AGENCY CONTACT PERSON _____

PERSONAL LINES UNDERWRITING _____

COMMERCIAL UNDERWRITING _____

COMPANIES YOU ARE CURRENTLY REPRESENTING INCLUDING EXCESS AND SURPLUS LINES, AS WELL AS MANAGING GENERAL AGENCIES. PLEASE INDICATE THE DATE CONTRACTED.

PERSONAL LINES

COMMERCIAL LINES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NAMES OF COMPANIES WITHDRAWN FROM YOUR AGENCY WITHIN THE PAST TWELVE MONTHS.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 _____ Signature _____

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

- Copy of current insurance agents E & O Policy (Declarations).
- Photocopy of your Agent and/or Corporation License.
- Authorization To Request a Pre Employment Report.