



## Agency Information Sheet

**Complete and return to: Marketing Dept. MacNeill Group, Inc. Fax No.: 954-331-4846 r Email to [mgmarketing@macneillgroup.com](mailto:mgmarketing@macneillgroup.com) . If you have any questions call 800.432.3072 ext 4325 or 954.837.4325**

(Use a separate *Information Sheet* for each corporation or other business entity, please type or print clearly)

Contract Requested for the Following Lines:  Personal  Flood  Commercial  Transportation

How did you hear about us?    Advertisement    Convention    Referral    Other- If other, please specify \_\_\_\_\_

**Date:** \_\_\_\_\_ *Agency Main Email address* \_\_\_\_\_

*Agency Website address* \_\_\_\_\_

*Agency Name* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Street Address* \_\_\_\_\_ *Fax #* \_\_\_\_\_

*City, State, Zip Code* \_\_\_\_\_ *County* \_\_\_\_\_

Agency is a:     Corporation     Individual     Partnership

*Mailing Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *ZIP:* \_\_\_\_\_

Which Agency Address should appear on your policies?     Street Address     Mailing Address

Agency established (year) \_\_\_\_\_ (If less than three attach personal resumes of principals and three Company references)

Other locations?     No     Yes - If yes, please complete an agency info sheet for each additional location

**Name:** (First, MI, Last)

**Officer Title:** (Pres, VP, etc.)

**Email address:**

*PLEASE PRINT – List all Agency owners and officers – if more than three, please continue on the reverse side*


**Primary Owner's**

Name \_\_\_\_\_

Home Address/Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Agency Bank \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Industry Reference:**

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_



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Licensed 2-20 Agents at this Location: (Attach a clear copy of each agent's 2-20 license)

<input type="checkbox"/> Personal
<input type="checkbox"/> Commercial
<input type="checkbox"/> Both
<input type="checkbox"/> Personal
<input type="checkbox"/> Commercial
<input type="checkbox"/> Both
<input type="checkbox"/> Personal
<input type="checkbox"/> Commercial
<input type="checkbox"/> Both
<input type="checkbox"/> Personal
<input type="checkbox"/> Commercial
<input type="checkbox"/> Both

Agent in Charge \* \_\_\_\_\_ License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Email \_\_\_\_\_

Agent 2. \_\_\_\_\_ License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Email \_\_\_\_\_

Agent 3. \_\_\_\_\_ License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Email \_\_\_\_\_

Agent 4. \_\_\_\_\_ License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Email \_\_\_\_\_

For additional agents, attach a page to this Agency Information Sheet

### THIS SECTION MUST BE COMPLETED TO BE CONSIDERED FOR APPROVAL

#### Current Company Analysis

PLEASE ENTER APPROXIMATE PREMIUM VOLUME AND LOSS RATIO FOR EACH LINE OF BUSINESS

Carrier	MGA	Personal	L/R	Commercial	L/R	Federal Flood Program	Excess Flood

#### PREMIUM FINANCE COMPANIES

1. \_\_\_\_\_ Policy types: \_\_\_\_\_

2. \_\_\_\_\_ Policy types: \_\_\_\_\_

#### PLEASE ENTER CONTACT INFORMATION BY DEPARTMENT

Name: (First, MI, Last)	Title Position	Department	Phone Number	Email Address



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**COMMERCIAL LINES SUPPLEMENT**

**IF YOU ARE REQUESTING ACCESS TO OUR COMMERCIAL MARKETS, PLEASE COMPLETE THE SECTION BELOW:**

Annual Commercial Lines premium volume for the last three years and current year to date:

20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_

Average account premium size for Commercial Package \$ \_\_\_\_\_ General Liability \$ \_\_\_\_\_  
Property \$ \_\_\_\_\_

Commercial classes you specialize in \_\_\_\_\_

Other commercial classes you regularly handle \_\_\_\_\_

Percentage of total volume for the following lines: GL \_\_\_\_\_ Property \_\_\_\_\_ Package \_\_\_\_\_

Inland Marine \_\_\_\_\_ Garage \_\_\_\_\_ Commercial Auto \_\_\_\_\_

Please indicate how many: Producers \_\_\_\_\_ CSR's \_\_\_\_\_

Commercial Lines Manager \_\_\_\_\_ Direct phone number \_\_\_\_\_

Comments:

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**Attachments:** The following documents must be provided to process your request:

- Copies of Agents' 2-20 Licenses
- Copy of E&O Policy Dec Page
- W-9 Form
- Signed Agency Agreement
- If less than three years in business; please attach personal resumes of principals and three company references.

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_