



Agency Information Sheet

Complete and return to: Marketing Dept. MacNeill Group, Inc. Fax No.: 954-331-4846 r Email to 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

Date: _____ Agency Main Email address _____

Agency Website address _____

Agency Name _____ Phone (_____) _____

Street Address _____ Fax # (_____) _____

City _____ FL _____ County _____

Agency is a: Corporation Individual Partnership Federal ID# _____

Exact IRS Corporate Name _____

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 how many? _____

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

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	L/R	Excess Flood	L/R

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:

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: _____