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Agency Legal Name: _____

Entity: [] Corporation [] S.-Corp. [] Sole Proprietor [] Partnership [] LLC

Address/PHYSICAL: _____

City: _____ State: _____ Zip: _____

Address/MAILING (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Name & Title of Principal(s)

- 1. _____
2. _____
3. _____

Licenses Held: P & C _____ Supply Lines _____ L & H _____

Agency License(s) Number: _____

Year Established: _____ FEDERAL ID: _____

DOES AGENCY HAVE A COMMON OWNERSHIP INTEREST WITH OTHER AGENCIES? Yes _____ No _____
(If YES, please explain on separate sheet.)

Table with 5 columns: Companies Represented, Years Represented, Total Premium, Marketing Rep, Estimated Loss Ratio

Premium Volume of business placed with Wholesalers and MGAs: _____

Revenue from: Medical Group/Individual _____ Life: _____

Completed By: (Please print name) _____

Signature: _____ Date: _____