

NATIONAL LLOYDS INSURANCE COMPANY AMERICAN SUMMIT INSURANCE COMPANY

licensing@natlloyds.com

OKLAHOMA AGENCY PROFILE

(PLEASE PRINT OR TYPE)

CORPORATION (Has to be licensed and on file with Oklahoma Insurance Department) 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

AGENCY CONTACT PERSON

PERSONAL LINES UNDERWRITING

COMMERCIAL UNDERWRITING

LIST ALL AGENTS WRITING PROPERTY & CASUALTY IN AGENCY

NAME

DATE OF BIRTH

SS #

OKLAHOMA LICENSE NO.

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

_____	_____
_____	_____
_____	_____

NAMES OF COMPANIES WITHDRAWN FROM YOUR AGENCY WITHIN THE PAST TWELVE MONTHS.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 Corporation License or each Agent License in Agency.
- Authorization To Request a Pre Employment Report.