

Nalico General Agency

P.O. Box 132999 Dallas, TX 75313
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DEALER PROFILE / APPLICATION

Date:			
Your Name:			
Dealer Name:			
Physical Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
<input type="checkbox"/> Same as Physical			
Email Address:			
Phone Number:		Fax Number:	
Dealership is a:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
Do you have an insurance license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, check type:
Gen. Lines P & C: <input type="checkbox"/>	Limited Lines: <input type="checkbox"/>	County Mutual: <input type="checkbox"/>	
Social Security Number:		Federal ID Number:	
Date Dealership Established:		Number Retail Locations:	
No. Units Sold:	Last Yr:	This Yr.	%SW: %DW:

<u>Partners/Principals/Officers:</u>	<u>Title</u>

Key Personnel:

Manager:	
Accounting:	
Insurance:	

Insurance Companies you currently represent:

<u>Name:</u>	<u>Insurance Product:</u>	<u>Commission:</u>

Current Retail Finance Sources:

<u>Name:</u>	<u>% of Loans</u>	<u>Controls Insurance</u>	
		Yes	No

Please attach a copy of your agents license and a completed W-9 for the licensee.

<u>Manufacturers Name:</u>	<u>Brand Name:</u>

***** **COMPANY USE ONLY** *****

Date of Completion

Initials

Received dealer profile, W-9 and license from Dealer	
Emailed copy of profile, W-9 and license to Waco	
Received conf. email from Waco that contracts have been sent	
Received executed contracts with login from Waco	
Mailed Welcome Kit & executed contracts to dealer	
Emailed Rep letting them know contracts and login were sent	
Welcome Call complete	

Commission Schedule (Field Rep. completes while at dealership)

<u>Product</u>	<u>New Commission</u>	<u>Renewal Commission</u>
R&F Mobile Home	_____	_____
American Summit-MH	_____	_____
Warranty	_____	_____
Coastal Texas	_____	_____
Homeowners	_____	_____
Dwelling Fire	_____	_____
Builders Risk	_____	_____
Flood-NFIP	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

Appoint with the following Company(ies):

American Summit Insurance Company _____
 Ranchers and Farmers _____
 National Lloyds _____
 _____ _____
 _____ _____

Notes:

Field Representative Info:

Name: _____
 Email: _____
 Phone: _____

Appoint and Contract who is selected:

<input type="checkbox"/> Individual <input type="checkbox"/> Dealer
