



**NATIONAL LLOYDS INSURANCE COMPANY
AMERICAN SUMMIT INSURANCE COMPANY**



P.O. BOX 2650 / WACO, TEXAS / 76702-2650 / 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NAMES OF COMPANIES WITHDRAWN FROM YOUR AGENCY WITHIN THE PAST TWELVE MONTHS.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.