

# Southern General Agency Auto Division Agency Profile Sheet

**Agency Name/DBA:** \_\_\_\_\_  
**Agency ID:** \_\_\_\_\_ **Date Established:** \_\_\_\_\_

Agency Type:       Individual       Partnership       Corporation       LLC

Marketing Rep: \_\_\_\_\_

States licensed in:       Texas       Louisiana       Mississippi       Georgia

### Agency Information

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County/Parish: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

### Mailing Information

Mailing Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Agency E-mail: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

### Principal/Agent/Owner Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Driver License: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

### Agency License Information

License Name: \_\_\_\_\_

License Number: \_\_\_\_\_ License Expiration: \_\_\_\_\_

License Type:       P/C       Limited Lines       Surplus Lines       Other

### Computer Information

Windows Version: \_\_\_\_\_ No of Computers: \_\_\_\_\_

Comp Rater:       ITC    Quick Quote    CCI    Stand Alone    Accu-Auto    Other

**Carrier Information**

Carrier: \_\_\_\_\_ Volume: \_\_\_\_\_ Loss Ratio: \_\_\_\_\_

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**Other Contact Information**

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Commission Check Information**

**E & O Information**

Name on Check: \_\_\_\_\_ E & O Carrier: \_\_\_\_\_

ATTN: \_\_\_\_\_ E & O Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ E & O Exp. Date: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E & O Limits: \_\_\_\_\_

Are all employees licensed as an Agent or Insurance Service Representative?

Yes     No (Explain) \_\_\_\_\_

Have any complaints been filed with the Department of Insurance against you or your agency within the last three years?

No     Yes (Explain) \_\_\_\_\_

Have you ever had a license suspended or revoked by ANY insurance regulatory agency?

No     Yes (Explain) \_\_\_\_\_

I do hereby declare and warrant that the information provided herein is complete and factual to the best of my knowledge. I also do hereby grant my permission for a credit report to be obtained on myself and/or my business. I also grant my permission for email correspondence between myself and/or my business?

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Date