



Producer Application

1. Name of Agency: _____

2. Address: _____

Phone: _____ Fax: _____

3. Additional Locations/Affiliations:

4. This agency is: a Corporation a Partnership an Individual

Year Established: _____ Federal ID#: _____

5. Name(s) of each Principal(s), Director(s), Officer(s) – including Percentage of Ownership

Name	DL#	SS#	% of interest	Licensed	Position/Responsibilities

6. Please indicate the total number of your staff: _____

7. During the past five years has the firm acquired/merged with another firm, or has the firm changed names?

8. Do you have any branch offices?

9. Has the Agency or any of its Employees, Partners, Officers, Directors or Shareholders ever had his/her license(s) suspended, revoked, or relicensing refused?

10. Has any Officer, Partner, Director or Shareholder been adjusted bankrupt or insolvent?

11. Has any Owner, Principal, Officer or Employee been subject to any disciplinary action by the Texas Department of Insurance or been indicted, convicted or placed under injunction or restraining order of a court or regulatory agency in respect to violation of any Federal or State law relating to insurance or securities?



The Parks Group, Inc.

a managing general agency

12. Please list membership with national, state or local trade associations, indicating date of membership:

13. Please provide the following information of the firm's E&O insurance and attach a complete copy:

Carrier: _____

Policy: _____ Policy Period: _____

Limits: _____ Deductible: _____

Restricting Endorsements: _____

14. Have any Error & Omission claims been made during the past five (5) years against the Agency, Partners, or Officers?

15. Please provide the following bank reference information:

Bank Name: _____

Account #: _____

Address: _____

Phone: _____ Bank Officer: _____

16. Please comment on any specific class, type or program business you specialize in:

17. Total Annual Premium Volume Last Year: _____ Commercial %: _____

This Year: _____ Commercial %: _____

18. Estimated Annual E&S Premium Volume: _____ Commercial %: _____



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19. Standard Companies you now represent and Estimated Premium Volume:

<u>Company</u>	<u>Estimated Premium Volume</u>
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20. Wholesale Brokers and MGA's currently contracted with and Estimated Premium Volume:

<u>Broker/MGA</u>	<u>Estimated Premium Volume</u>
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21. Please list any additional markets: _____

22. What agency management software are you currently using? _____

23. Historical Background of the Agency:

24. Please attach copies of the following:

- a. List of all employees
- b. Certificate of Insurance for E&O Policy
- c. Licenses for Agency, Principal(s), Partner(s), Director(s), and Officer(s). Please include resident and non-resident licenses when required.
- d. References

The undersigned agrees that all of the above information is true and correct.

Signature

Printed Name

Date