



LET US PUT THE PIECES TOGETHER

Agency Application

General Information

- Agency Name _____ FEIN _____
 - DBA _____ Telephone _____
- Primary Location Street Address _____ City / State / Zip _____
- Mailing Address/P.O. Box _____ Website _____

Corporate Information

Individual Partnership Corporation Agency Mix of Business: Commercial ___% Personal ___%

Year Agency Established _____ # of FT Employees _____ # of Licensed Commercial Producers _____

Owners and Ownership Interests in Agency

Name and Title	Ownership Percentage	Email Address
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- Current State Licenses: _____
- Does the agency target any other specific industries? _____
- Please provide brief narrative of why you think that your agency would be a good fit with AWCS:

- I authorize the Company to use this information where it is permitted by law and only for the purpose of transacting the business of insurance and to fulfill legal and regulatory requirements. I acknowledge that I have no objection to the Company investigating any of these facts and agree to indemnify and hold the Company harmless against any liability which may result in conducting such investigation. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.
- Certification – Under penalties of perjury, I certify that the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

Signature of Agency Principal _____ Date of Application _____

