



I.B. Green & Associates Inc.

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Web: www.ibgreen.com Department Email: newappointments@ibgreen.com

Marketing Emails: ekleeman@ibgreen.com; btolomeo@ibgreen.com

FLORIDA AGENCY INFORMATION SHEET

Name of Agency : _____

Street Address : _____

Mailing Address : _____

Phone : _____ Fax : _____

Email Address You Want Policy Documents Sent To : _____

SELECT BUSINESS TYPE THAT APPLIES TO YOUR AGENCY: INDIVIDUAL PARTNERSHIP CORPORATION

DATE AGENCY ESTABLISHED	DATE PRESENT OWNERSHIP BEGAN	NUMBER OF EMPLOYEES	FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	% OF VOLUME THAT COMES FROM E&S BUSINESS	ANNUAL AGENCY PREMIUM

INFORMATION ON PRINCIPALS, CORPORATE OFFICERS OR PARTNERS

Name/Social Security Number	Title	Home Address	2-20 License # and Years Held

INFORMATION ON PERSONNEL

Name	Years of Experience	2-20 License # and Years Held

PLEASE LIST NAME AND EMAIL ADDRESS OF PERSONAL LINES EMPLOYEES:

Name	Email Address

PLEASE LIST NAME AND EMAIL ADDRESS OF COMMERCIAL LINES EMPLOYEES:

Name	Email Address

COMPANIES AGENCY IS LICENSED WITH

Licensed Companies

Address (WHERE ACCOUNTING IS HANDLED)

WITH WHAT OTHER WHOLESALERS / GENERAL AGENTS ARE YOU CONTRACTED? Volume Loss Ratio

WITH WHOM DO YOU FINANCE YOUR E&S BOOK? _____

THREE LEADING MARKETS WITH PREMIUM AND LOSSES

	Company	Approximate Volume	Loss Ratio
MOBILE HOME MARKET			
COMMERCIAL MARKET			
COMMERCIAL MARKET			

Does your agency specialize in any particular class of business? _____

What is your % of Surplus Lines Business written? _____

Total Annual Premium of All Lines (last fiscal year or last year): _____

AGENCY SPECIFICS

Does Agent / Owner have an affiliation with any other Agency (i.e. Franchise)? _____

If YES, Indicate Agency(s) & Interest: _____

Name of E&O Carrier? _____ (We require a minimum of \$1,000,000.00 in limits)

Does Agency maintain a log that is in accordance with Statue 626.752? _____

Owner's Signature _____ Date _____ Owner agrees that He/She will comply with the Accounting procedures of Irvin B. Green & Associates, Inc. and (2) Agrees to be responsible for debts and obligations of the agency until such time as Irvin B. Green & Associates, Inc. has been notified in writing of the sale of the agency.

THE FOLLOWING WILL BE REQUIRED:

- PLEASE ATTACH A PHOTOCOPY OF ALL CURRENT 2-20 LICENSES IN OFFICE (OWNERS & ALL PERSONNEL)
- PLEASE ATTACH A PHOTOCOPY OF CURRENT E&O DEC PAGE (*with a minimum \$1,000,000.00 limits*)
- PLEASE ATTACH A PHOTOCOPY OF DOI CERTIFICATE
- PLEASE ATTACH A PHOTOCOPY OF W-9 FORM
- REQUESTED USERNAME _____ PASSWORD _____
(User Name and Password cannot contain any type of symbol.)