



IRVIN B. **GREEN & ASSOCIATES**, INC

SPECIALTY INSURANCE MARKETS
P.O. BOX 492000 LEESBURG, FL 34749-2000
PHONE (352) 638-9400 FAX (352) 638-9497

e-mail: newappointments@ibgreen.com

Name of Agency : _____

Street Address : _____

Mailing Address : _____

Phone : _____ Fax : _____

Email Address : _____

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

COMPANIES AGENCY IS LICENSED WITH

Licensed Companies	Address (WHERE ACCOUNTING IS HANDLED)

SEE REVERSE SIDE

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.)