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ALABAMA 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	License # and Years Held

INFORMATION ON PERSONNEL

Name	Years of Experience	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)

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 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 W-9 FORM
- REQUESTED USERNAME _____ PASSWORD _____

Please Note the following:

- User Name cannot contain any type of symbol.
- Password Rules:
 - Cannot contain user name.
 - Must be a minimum of 8 characters.
 - Must have at least 1 numerical character.
 - Must have at least 1 capital letter and at least 1 lower case letter.
 - Must contain a special character.