



AGENCY APPOINTMENT REQUEST-AL

To be considered for Appointment please provide the following:

- Completed and signed agency information sheet
- Provide copy of completed W9 form
- Provide Completed ACH Form (if desired)
- Provide copy of ALL current 2-20 Licenses in office (owners & personnel)
- Provide copy of Agency License
- Provide copy of current E&O Dec Page
- Provide copy of completed and Signed E-Delivery Form for Agent Documents
- Please provide a requested User Name/Password

User Name: _____ Password: _____

Forward all required information to: newappointments@ibgreen.com

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	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

TYPES OF BUSINESS YOU ARE LOOKING TO PLACE WITH IRVIN B. GREEN

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial General Liability | <input type="checkbox"/> Garage Keepers | <input type="checkbox"/> Mobile Homes |
| <input type="checkbox"/> Commercial Property or Wind | <input type="checkbox"/> HO4 Renters | <input type="checkbox"/> Vacant Mobile Homes/Dwellings |
| <input type="checkbox"/> Cyber Coverage | <input type="checkbox"/> Homeowners Ex-wind | <input type="checkbox"/> BOP |
| <input type="checkbox"/> Excess / Umbrella | <input type="checkbox"/> Inland Marine | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> | <input type="checkbox"/> Liability Only OR OL&T Liability | <input type="checkbox"/> Other: _____ |

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			
PERSONAL LINES 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.



AGENT COMMISSION - DIRECT DEPOSIT ACH REQUEST FORM

If you wish for us to deposit your earned commissions directly into your bank account, please complete this form and email to our Accounting Department at: ccreamer@ibgreen.com

Please note, this information will be used to distribute earned commissions as well as debit for unearned commissions. No other payment transactions will be completed using this bank information.

I (we) hereby authorize Irvin B. Green & Associates to deposit commissions earned by agency into the agency banking account/financial institution indicated below.

This authorization also allows Irvin B. Green to debit the account indicated for any commissions owed.

Agency Name: _____

Mailing Address: _____

Email address/Name for statement delivery : _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Signature of Agency Authorized Representative

Date

Print Name Agency Authorized Representative

This authorization can be revoked at any time by either party. If revoked by agency then written request is required.



REQUEST E-DELIVERY OF AGENCY DOCUMENTS

In an effort to save time for our agents, we will email agent documents to the email address provided in this form. In some instances, the agency may still receive policy documents in the mail OR documents will be emailed to specific contacts within the agency. Please note, all policy documents are available online via the agent portal.

An authorized representative should complete and sign the form below.

Agency Name: _____

Agency Mailing Address: _____

Agency Phone: _____

AGENCY POLICY DELIVERY EMAIL ADDRESS: _____

I am authorized to act as a representative on behalf of the agency listed above and hold Irvin B. Green & Associates harmless of any liability. The information provided is true and correct to the best of my knowledge. Please turn on the auto emailing feature and when allowable, email agency documents to our office versus mailing them.

Date

Agency Representative First/Last Name

Agency Representative Signature