

# EAGLE MGA, Inc.

## Agency Profile Application

### Agency Information

Date: \_\_\_\_\_

Field Rep# \_\_\_\_\_

Agency Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

### Contact Information

Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ E&O Coverage: \_\_\_\_\_

Carrier: \_\_\_\_\_ Type of Agency: \_\_\_\_\_ (Individual, Partnership, or Corporation)

Date Agency Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Approx. Total Annual Premium Volume: \_\_\_\_\_ % Personal Lines: \_\_\_\_\_

ATTACH A COPY OF E&O DECLARATION PAGE

### Producer Information

Federal Tax Or Social Security Number \_\_\_\_\_  
(Attach Completed and Signed W-9 Form)

List below the names of all producers in your agency, their license types and license expiration dates.  
Please include corporate or partnership licenses, if applicable; attach copies of all listed below.

Name of Licensee	General/Limited Line License	License Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all principals, partners and/or corporate officers.

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Producer Information

List all present and previous insurance company appointments (private passenger auto).

Present Appointments	Year Appointed	Auto W/P	Loss Ratio	Other Lines W/P
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any of your company license appointments been cancelled or terminated within the last five years? Please list and explain each cancellation or termination appointment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your agency or any of its employees ever been under investigation by or subject to discipline by The Department of Insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes Please explain below:

Date(s) : \_\_\_\_\_

Cause : \_\_\_\_\_

Action : \_\_\_\_\_

Eagle MGA, Inc. Reserves the right to obtain retail credit reports and other background information concerning principal for purposes of determining producer appointment eligibility.

\_\_\_\_\_  
Agency Principal's Signature

\_\_\_\_\_  
Date Signed

## Office Use Only

\_\_\_\_\_  
Marketing Manager's Recommendation:

\_\_\_\_\_  
Marketing Manager

\_\_\_\_\_  
Marketing Support Manager

\_\_\_\_\_  
Regional Director

Agency Code#: \_\_\_\_\_

How Contacted: \_\_\_\_\_

Service Rep Code#: \_\_\_\_\_

Territory Code: \_\_\_\_\_