

Agency Name: _____ Years in Business: _____
Agency DBA (if applicable): _____ # of Locations: _____
Mailing Address: _____
Physical Address: _____
Agency Phone #: _____ Fax #: _____
Website: _____ Agency FEIN: _____
Contact Name: _____ Contact Email: _____
Type of Ownership: Sole Proprietor Partnership Corporation LLC
Agency License Name: _____ License #: _____
E&O Coverage Limit: _____ E&O Deductible: _____ E&O Expiration: _____
Hours of Operation: _____ Business Entity NPN: _____ Lexis Nexus Node: _____

Additional Location Address [1]: _____
Phone #: _____ Contact: _____ Contact Email: _____
Additional Location Address [2]: _____
Phone #: _____ Contact: _____ Contact Email: _____

Principal Name: _____ DOB: _____
Cell #: _____ SSN: _____ TXDL: _____
Email Address: _____

How did you hear about Breckenridge General Agency? Comp rater Industry event Facebook BreckGen Rep
LinkedIn Twitter Other _____

Is your agency present on any of the following social media sites? Facebook LinkedIn Instagram Twitter

What comparative rater does your agency use? ITC/Turbo rater QuickQuote EZLink None

What agency management system do you use? _____ Source of Advertisement: _____

List any industry organization affiliations: _____

Total Annual Production for all lines \$ _____

Percentage of production per line [total should = 100%]

Auto: _____% Home: _____% Commercial: _____% Life/Health: _____% Renters _____%

Is the agency currently appointed with Redpoint County Mutual Insurance? Yes No Appt Date _____

Top 3 auto insurance carriers currently appointed with:

1) _____ 2) _____ 3) _____

Top 3 homeowner carriers currently appointed with:

1) _____ 2) _____ 3) _____

Top 3 commercial lines insurance carriers appointed with:

1) _____ 2) _____ 3) _____

Has the Principal, Agency, or any staff member ever:

Been refused or had a Surety Bond cancelled for cause? Yes No

Been arrested, charged, indicted or convicted of a felony or misdemeanor? Yes No

Been known by another name [business or personally]? Yes No

If yes, list the "also known as": _____

Had an insurance license refused, denied, suspended, or revoked? Yes No

Been disciplined by any insurance regulatory body? Yes No

Been terminated or placed on moratorium by another carrier or MGA? Yes No

Had an E&O Claim? Yes No

Does the Principal Agency or any staff member currently work for any Texas MGA or insurance company? Yes No

Had an insurance license refused, denied, suspended, or revoked? Yes No

If yes, please list name of the company: _____

Filed bankruptcy, been sued, or had a judgement entered? Yes No

Had a prior appointment with Breckenridge General Agency? Yes No

Had a prior appointment with any other Breckenridge Company? Yes No

As the Agency Principal, I hereby declare the information provided in this document to be true and correct.

Agent Signature: _____ Date: _____

Print name: _____