

Network Agency Checklist

Agency Information:

Agency Legal Entity Name:		
Agency DBA:		
Physical Address:		
Mailing Address:		
Phone#:	Fa	x#:
Email:	W	ebsite:
Federal Tax ID#:		
Agency License#:		
Year Established:		
Legal Entity:		
Type of License(s):		
Is your agency part of a Netw	ork, Aggregator, or C	Cluster?
List of Owners/Principals:		
Name	Title	Percent Owned

0.					
Sta	tt I	nfo	rm	ati	On

Name	Title	Licensed (Y/N)

Carriers Represented:

Carrier	PL/CL	Total Premium

Total Agency Premium:

Commercial Lines:	
Personal Lines:	
Life & Health:	
Other:	
Total:	

Terminated Carriers in Last 5 years:

Carrier	When Terminated	Reason for Termination

Industries Targeted &/or Specialties: