

The Southern General Agency of Tennessee, Inc.

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AGENCY APPLICATION

PART I - GENERAL DATA

AGENCY NAME _____ Agency Phone No. _____ / _____
Indicate (Exactly as Name Should Appear on Contract) (Area Code)

Street Address _____ P.O. Box _____ Zip Code _____

City _____ County _____ State _____ Zip Code _____

Employer's ID Number _____ Social Security Number _____

A. AGENCY PERSONNEL *(List only principals and agents involved with actual production.)*

	Check if Licensed	Year of Birth	Title or Position	Yr. Started In Ins. Bus.	Formal Insurance Education
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

(Use Separate Sheet if Necessary)

PART II - AGENCY HISTORY

A. AGENCY BACKGROUND

Agency is: *(check one)* Individual Partnership Corporation

When was present ownership of agency established? _____

If present ownership or structure established within last three years – List previous agency name and principals:

Is Agency involved with any occupation or financial interest other than Insurance? To what extent? Percent of time?

PART III - COMPANY DATA

A. APPROXIMATE TOTAL PROPERTY AND CASUALTY PREMIUM OF AGENCY \$ _____

B. AVERAGE ANNUAL GROWTH OVER FIVE YEARS \$ _____

List companies whose facilities have been added or discontinued in last three years:

	<u>Company</u>	<u>Volume</u>	<u>Reason</u>
(1)	_____	_____	_____
(2)	_____	_____	_____

Contemplate discontinuance of any companies in near future? (1 - 2 years) _____

Reason: _____

C. LIST MAJOR PROPERTY AND CASUALTY COMPANIES IN AGENCY, AND IN ORDER BY VOLUME. (Attach premium and loss exhibits, if available.)

			<u>Approximate Volume</u>	<u>Prior Year L/R</u>	<u>3 Year L/R</u>
(1)	_____ Years Rep. _____	Personal	\$ _____	_____ %	_____ %
	Nearest Service Office _____	Commercial	\$ _____	_____ %	_____ %
(2)	_____ Years Rep. _____	Personal	\$ _____	_____ %	_____ %
	Nearest Service Office _____	Commercial	\$ _____	_____ %	_____ %
(3)	_____ Years Rep. _____	Personal	\$ _____	_____ %	_____ %
	Nearest Service Office _____	Commercial	\$ _____	_____ %	_____ %

Most important factors contributing to the primacy of above companies in Agency:

Company No. (1) _____

Company No. (2) _____

Company No. (3) _____

D. LIST ALL SPECIALTY COMPANIES IN ORDER BY VOLUME.

	<u>Company</u>	<u>Volume</u>	<u>Reason</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

PART IV - FINANCIAL DATA

In What banks do you maintain accounts? Please designate:

Type of Account	Name of Bank	Title of Account
Business Account		
Agents (Agency) Trust Account		
Other Accounts (If Any)		

Total premiums past due with any company \$ _____

If any, explain _____

Net worth of Agent (Agency) \$ _____

Errors & Omissions Carrier: _____ Policy No. _____

Effective Date: _____ Limits: _____ Deductibles: _____

PART V - GENERAL (To be completed by Agency)

What total premium volume can we expect?

1st Year _____ 2nd Year _____ 3rd Year _____

Agency's Signature _____ Date _____

PART VI - MARKET AREA

Indicate market areas developing majority of sales: _____

What is the population of the Agency's market area? 0 - 25,000 25,000 - 50,000 50,000 - 100,000
 100,000 - 250,000 Over 250,000

Area growth: Increasing _____ Static _____ Declining _____