





**CRAIG & LEICHT**

Accounting Information:

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you are any members of your organization been the subject of any disciplinary action by the regulatory body of any state: Yes No

If yes, please provide details: \_\_\_\_\_

License(s) held by retail agency:

Type \_\_\_\_\_ License # \_\_\_\_\_

Type \_\_\_\_\_ License # \_\_\_\_\_

Type \_\_\_\_\_ License # \_\_\_\_\_

Total premium volume for the last 3 years:

Current (est.) \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_

Breakdown of Agency Revenue:

Commercial Lines: \_\_\_\_\_ Personal Lines: \_\_\_\_\_

Life & Health: \_\_\_\_\_ Other: \_\_\_\_\_

Percentage of total premium written through wholesalers: \_\_\_\_\_

Three largest companies represented:

Name \_\_\_\_\_ Year Appointed \_\_\_\_\_

Name \_\_\_\_\_ Year Appointed \_\_\_\_\_

Name \_\_\_\_\_ Year Appointed \_\_\_\_\_

Other wholesalers contracted with:

Name \_\_\_\_\_ Year Appointed \_\_\_\_\_

Name \_\_\_\_\_ Year Appointed \_\_\_\_\_

Name \_\_\_\_\_ Year Appointed \_\_\_\_\_

Please attached the following:

Copy of E&O Certificate

Copy of P&C License

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