

PREMIUM FINANCE ASSOCIATES, LLC APPLICATION FOR FINANCING

FAX TO: 866-839-3090

NAME OF AGENCY/BROKER					
Principal/Owner Name				Phone Ext.	
Primary Contact at Agency/Broker				Title	
Physical Address					
Mailing Address (if different from above)					
City		State		Zip Code	
Telephone				Fax Number	
Years in Business (Agency)				Email Address	
Fed/Tax ID #				Agency License #	

** Please include a copy of your agency license when submitting this application back to us.*

TOTAL WRITTEN PREMIUM				ESTIMATED ANNUAL PREMIUM FINANCE VOLUME			
Average Size Premium (Financed)				Number of Producers			
Primary lines of business being financed (i.e. Garage Liability, Prof. Liability, etc...)							

PRIMARY INSURANCE COMPANY AND GENERAL AGENT REFERENCES				
(1) Company Name			Contact	
Address/City/State			Phone Number	
(2) Company Name			Contact	
Address/City/State			Phone Number	
(3) Company Name			Contact	
Address/City/State			Phone Number	
(4) Company Name			Contact	
Address/City/State			Phone Number	

If necessary please attach a separate listing for additional company references.

BANK REFERENCE				
Bank Name			Address	
City		State		Zip Code
Bank Contact			Phone Number	
Account Number				

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND THAT PREMIUM FINANCE ASSOCIATES, LLC OR ANY AFFILIATED COMPANY IS AUTHORIZED TO GAIN ANY NECESSARY REFERENCE INFORMATION ABOUT THIS FIRM FROM THE REFERENCES LISTED ABOVE.				
Name			Title	
Signature			Date	

