

# PREMIUM FINANCE ASSOCIATES, LLC APPLICATION FOR FINANCING

FAX TO: 440-735-9250

<b>NAME OF AGENCY/BROKER</b>					
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	

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

*For office use only*

