

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	

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

BANK REFERENCE

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

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND THAT PREMIUM FINANCE ASSOCIATES, LLC OR ITS ASSIGNEE, IS AUTHORIZED TO GAIN ANY NECESSARY REFERENCE INFORMATION ABOUT THIS FIRM FROM THE REFERENCES LISTED ABOVE. ADDITIONALLY, I AUTHORIZE THE ABOVE PARTIES TO OBTAIN

BUSINESS, AS WELL AS OWNER'S PERSONAL CREDIT INFORMATION, ON THE UNDERSIGNED IN CONNECTION WITH THE EXTENSION OR CONTINUATION OF PREMIUM FINANCE BUSINESS.

Name		Title		Date	
Home Address		SSN#		DOB	
City, State Zip					
Signature					

Friend application 7/3/02