



Agent \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

**AGENT PROFILE FORM**

1. NAME OF AGENCY \_\_\_\_\_
2. MAILING ADDRESS \_\_\_\_\_
3. PHYSICAL ADDRESS \_\_\_\_\_
4. FEDERAL ID # \_\_\_\_\_ AGENT'S SOCIAL SECURITY # (if Sole Proprietorship) \_\_\_\_\_
5. TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_
6. TYPE OF AGENCY: SOLE PROPRIETOR  PARTNERSHIP  CORP  EMAIL: \_\_\_\_\_
7. NAME OF OWNER(S); STOCKHOLDER(S); PARTNERS:

NAME

8. DATE AGENCY ESTABLISHED \_\_\_\_\_

9. NAMES OF INSURANCE COMPANIES CURRENTLY REPRESENTED:

NAME

10. NAMES OF OTHER WHOLESALERS, BROKERS, OR MGA'S WITH WHOM YOU DO BUSINESS:

NAME

11. NUMBER OF EMPLOYEES: \_\_\_\_\_ NAMES OF KEY EMPLOYEES: \_\_\_\_\_

12. ARE ANY BALANCES OWED TO ANY OTHER COMPANY, WHOLESALER, BROKER, ETC. WHICH ARE 60 DAYS OLD OR OVER? Y  N  IF YES, GIVE COMPANY AND AMOUNT \_\_\_\_\_

13. HAS THE STATE BOARD OF INSURANCE EVER CONDUCTED ANY TYPE OF DISCIPLINARY INVESTIGATION OR HEARING REGARDING YOU OR YOUR AGENCY? Y  N  IF YES, PLEASE EXPLAIN: \_\_\_\_\_

14. BANK REFERENCE: \_\_\_\_\_ TEL: \_\_\_\_\_  
 LOAN OFFICER: \_\_\_\_\_

15. PROJECTED VOLUME WITH AMERICAN UNDERWRITING MANAGERS: \_\_\_\_\_

16. ATTACH COPIES OF E&O AND APPLICABLE INSURANCE LICENSES

**FAIR CREDIT REPORTING ACT NOTICE**

AS A CONDITION FOR AMERICAN UNDERWRITING MANAGERS TO CONSIDER DOING BUSINESS WITH THIS INSURANCE AGENCY, I UNDERSTAND THAT IN COMPLIANCE WITH THE FEDERAL FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508), A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

**I UNDERSTAND THAT IF MY AGENCY WORKS WITH AMERICAN UNDERWRITING MANAGERS, UNDER NO CIRCUMSTANCES DO I HAVE BINDING AUTHORITY FOR ANY BUSINESS UNDERWRITTEN BY AMERICAN UNDERWRITING MANAGERS. I ALSO KNOW THAT UPON MY WRITTEN REQUEST TO AMERICAN UNDERWRITING MANAGERS TO BIND A RISK, I IMMEDIATELY INCUR 25% MINIMUM EARNED PREMIUM DUE.**

I agree to indemnify, defend and hold American Underwriting Managers, as well as any insurance company with whom American Underwriting Managers places business, harmless from and against all claims, suits, liability and expense, including reasonable attorneys' fees, incurred in defense of claim which may arise from or be caused by my negligence, violation of state or federal statute, of any representation I have made to an insured regarding insurance placed with a company through American Underwriting Managers.

AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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