



16438 Vanowen Street, Suite #205 Van Nuys, CA 91406
Telephone (800) 452-8505 Facsimile (800) 209-0120
http://www.lgpf.net / info@lgpf.net

Agency Profile

Date: _____ Type of Agency: (Check One) Sole Proprietorship Partnership Corporation.

Agency Name: _____

Owner Name: _____ E-mail: _____

Mgr/Key Contact: _____ E-mail: _____

Address: _____

Telephone: _____ Fax: _____ Web: _____

How Long in Business: _____ How Long at Location: _____ # Employees _____ Tax ID# _____

Total Agency Volume: \$ _____ Projected Financed Volume: \$ _____

E&O Carrier: _____ E&O Policy #: _____

Business Liability Insurance Carrier: _____ Policy #: _____

Bank Name: _____ Notices preferred method of communication: E-mail Fax

Agency Software: _____

Company Appointments with (GA and/insurance Insurance Carriers)

Company: _____ Telephone: _____ Underwriter: _____

Company: _____ Telephone: _____ Underwriter: _____

Company: _____ Telephone: _____ Underwriter: _____

Special Instructions: _____

The above information is for the use of LG Premium Finance (LGPF) and may be used to obtain additional research for any credit and/or business history on the above as deemed appropriate by LGPF. The above information is truthful and accurate. I hereby understand and agree to LGPF's Underwriting Guidelines for Premium Financing terms & conditions.

Name of Individual: _____ Title: _____ Date: _____

***Please attach a copy of agency DOI license(s).**

Please sign and fax to (800) 209-0120