

PRODUCER APPLICATION

Please email completed form to <u>BGMarketing@BreckGen.com</u>

Agency Name:					Years in E	Business:	
Agency DBA (if applicable	e):				# of Loca	tions:	
Mailing Address:							
Physical Address:							
Agency Phone #:				Fax #:			
Website:				Agency FEIN:			
Contact Name:				Contact Email: _			
Type of Ownership:	Sole Proprietor	Partnership	Corporation	LLC			
Agency License Name:				License #:			
E&O Coverage Limit:	E&O Deductible:				E&O Expiration:		
Hours of Operation:	Business Entity NPN:				Lexis Nexus Node:		
Additional Location Add	ress [1]:						
Phone #: Contact:				Contact Email:			
Additional Location Add	ress [2]:						
Phone #:	Contact:			Contact Email:			
Principal Name:				DOB:			
Cell #:	SSN:			TXDL:			
Email Address:							
How did you hear about		al Agency? Cor		Industry event	Facebook	BreckGen Rep	
Is your agency present of	on any of the followir	g social media sites	? Facebook	c LinkedIn	Instagram	Twitter	
What comparative rater	does your agency us	e? ITC/Turbo r	ater Quick	«Quote EZI	_ink None		
Nhat agency management system do you use? Source of Advertisement:							
List any industry organiz	zation affiliations:						





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Total Annual Production for all lines \$		
Percentage of production per line [total should = 100%]		
Auto:% Home:% Commercial:% Life/Health:% F	Renters	%
Is the agency currecntly appointed with Redpoint County Mutual Insurance? Yes No Appt I	Date	
Top 3 auto insurance carriers currently appointed with:		
1)		
Top 3 homeowner carriers currently appointed with:		
1)		
Top 3 commerical lines insurance carriers appointed with:		
1)		
Has the Principal, Agency, or any staff member ever:		
Been refused or had a Surety Bond cancelled for cause?	Yes	No
Been arrested, charged, indicted or convicted of a felony or misdemeanor?	Yes	No
Been known by another name [business or personally]?	Yes	No
If yes, list the "also known as":		
Had an insurance license refused, denied, suspended, or revoked?	Yes	No
Been disciplined by any insurance regulatory body?	Yes	No
Been terminated or placed on moratorium by another carrier or MGA?	Yes	No
Had an E&O Claim?	Yes	No
Does the Principal Agency or any staff member currently work for any Texas MGA or insurance company	? Yes	No
Had an insurance license refused, denied, suspended, or revoked?	Yes	No
If yes, please list name of the company:		
Filed bankruptcy, been sued, or had a judgement entered?	Yes	No
Had a prior appointment with Breckenridge General Agency?	Yes	No
Had a prior appointment with any other Breckenridge Company?	Yes	No
As the Agency Principal, I hereby declare the information provided in this document to be true an	d correct.	
Agent Signature: Date:		
Print name:		

