



5959 Blue Lagoon Dr. Suite 302  
Miami, FL 33126

### AGENCY APPLICATION

AGENCY OWNERSHIP STRUCTURE		Corporation	Partnership	Sole Proprietorship	LLC	
AGENCY NAME			D.B.A. NAME (if any)			
STREET ADDRESS (street address of this office)						
CITY		STATE	ZIP	Agency Contact Person for Premium Finance		
MAILING ADDRESS (if different)						
PHONE NUMBER (including area code)		FAX NUMBER (including area code)		E-MAIL ADDRESS		
( ) -		( ) -				
PRESENT PREMIUM FINANCE FACILITY (ies)		WHICH AGENCY MANAGEMENT SOFTWARE ARE YOU USING? (Applied, AMS, Other)				
DATE AGENCY ESTABLISHED	How long under current ownership	Number of Owners (above 15% level)	TAX I.D. #	Is this the Home Office	# of Branch Offices	
<b>AGENCY BANK AFFILIATION</b>						
NAME OF BANK			ACCOUNT NUMBER			
ADDRESS						
<b>*** TOTAL NUMBER OF LICENSED PRODUCERS &amp; EMPLOYEES ***</b>						
	<b>Producers</b>		<b>Employees</b>			
<b>THIS OFFICE:</b>			<b>ALL BRANCH OFFICES</b>	<b>Producers</b>	<b>Employees</b>	
<b>CURRENT VOLUME OF PREMIUM</b>						
Annual Premium Volume (\$)	Annual Number of Policies	Average Premium (\$)	% Premiums Financed	% Cancellation Frequency Expected	Expected Largest Amt Financed	
HOMEOWNERS			PERSONAL AUTO			
COMMERCIAL			TOTAL			
Speciality Insurance Lines Financed (i.e. GL, Trucking, W/C Etc.):						
<b>LIST ALL INSURANCE COMPANIES THAT WRITE MORE THAN 20% OF YOUR BUSINESS:</b>						
INSURANCE COMPANY NAME			%	Binding Authority		
A.				YES	NO	
B.				YES	NO	
C.				YES	NO	
D.				YES	NO	
Reference Agency Appointments	Coverage Type	Annual Premium Volume	City	State	Contact Person	Phone Number
1.						
2.						
<b>E&amp;O Coverage</b>						
Company		Policy Number	Amount Per Occurrence	Amount Cumulative	Expiration Date	
Names of Licensed Producers		License #	Approx. Yrs in Business	Resides this office?	Resides branch office?	
1.						
2.						
3.						
4.						
5.						
<b>AGENCY OWNERSHIP STRUCTURE</b>						
Names of Owner		% of Ownership	Public Co or Bank	Owner Resides (City & State)	Employee of Agency	
			% <input type="checkbox"/>		Y	N
			% <input type="checkbox"/>		Y	N
			% <input type="checkbox"/>		Y	N



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**AUTHORIZATION TO OBTAIN INFORMATION**

I/We hereby authorize Security Premium Finance, Inc. (SPF) to verify the accuracy of the information provided and to obtain business, as well as personal credit information. The undersigned hereby authorize(s) SPF to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application.

Notice: If your application for business is denied, you have the right to a statement of the specific reasons for denial. Please contact SPF in writing within 60 days from the date you are notified of the credit decision. A written statement of reasons for denial will be provided within 30 days of receiving your request.

**NAME & ADDRESS OF PRINCIPALS OF THE COMPANY (Attach additional pages if necessary)**

The undersigned hereby represent(s) and warrants to Security Premium Finance, Inc. (SPF") that they are owner(s) or principal(s) of above-named agency ("the Agency"), that the above information is accurate and that they will notify SPF immediately of any changes. Moreover, the undersigned represent that at the time policies are submitted for financing, all such policies will have been issued and delivered to the insured; that the down payment as shown in the financing agreement will have been paid by or on behalf of the insured; that all premiums corresponding to the policies submitted for financing will be actual and accurate policy premiums charged by the insurer; that all information and terms on the financing agreement are accurate and truthful; and that a true copy of each financing agreement will have been contemporaneously delivered to the insured.

The undersigned further represent and warrant to SPF that any financing agreement submitted will represent a bona fide and legal transaction; that the insured will be of legal age and will have the capacity to contract; that the insured's signature will be genuine and valid (or to the extent permitted by applicable law, the agent will have been authorized by the insured to sign the financing agreement); that no endorsements shall be issued without notice to SPF, and, in the event that such event transpires, that Agent will indemnify SPF for any amount of premium payment SPF is entitled to of which is deducted by an insurance carrier; that in the event of a proper endorsement, Agent will obtain the proper amount of down payment if this value is so affected by the endorsement; that should an endorsement or changes occur, Agent shall furnish to SPF a new contract contemporaneously with said endorsement or change. Both the Agency and the undersigned further agree in the event of cancellation to remit the gross unearned commission and unearned premiums to SPF without demand.

The undersigned warrant that the Agency will not be sold, transferred or otherwise liquidated until all liabilities to SPF have been satisfied. The undersigned acknowledge that SPF is entering into a business relationship with that above-named agency ("the Agency") in reliance on the above representations and warranties. and further, and both the Agency and the undersigned hereby agree to be, and are, personally responsible and liable for misrepresentations as well as breaches of the foregoing warranties.

The undersigned, as owner(s) or principal(s) of Agency for and in consideration of SPF extending credit to the Agency at his/her/their request, hereby jointly and severally personally guaranty to SPF, its successors and assigns, the payment of any and all obligations of the Agency and hereby agrees to bind himself/ herself/themselves to pay SPF on demand any sum which may become due to SPF by the Agency whenever the Agency shall fail to pay the same. It is understood that this guaranty shall be a general, continuing, unconditional and irrevocable guaranty and indemnity for such indebtedness of the Agency, In the event that SPF engages attorneys to collect any amounts due, the Agency and the undersigned agree to pay all costs of collection, including reasonable attorney's fees.

In the event litigation becomes necessary in regard to collection or any other dispute that may arise as result of any transaction, Miami-Dade County, Florida, shall be the sole, exclusive venue for such legal action, without exception. Electronically transmitted facsimile signatures on this application shall be deemed as originals for all purposes.

**Note: All parties who are principals in the agency greater than 15.0% must sign this form.**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS CREDIT REFERENCES**

Please list two business credit references below. (Please indicate actual addresses, not post office box numbers).

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Admin. Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Admin. Telephone: \_\_\_\_\_