



Agency Application

***Required Fields**

This form is to be filled out by an agency requesting a producer code.

*Name of Agency _____

DBA _____

*Physical Address _____

*City _____ *State _____ *Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Toll Free Number _____ Telephone Number _____ Fax Number _____

Website Address _____ General Agency Email _____

*Federal Employer ID _____

*Type of Entity: Check one LLC LLP Corporation Partnership Sole Proprietor

*Name of individual Producers to be appointed (attach Individual Producer Application F14196 for each name listed)

Agency Principal

Name _____ Title _____
E-mail _____ Phone _____

Licensing Contact at Agency

Name _____ Title _____
E-mail _____ Phone _____

Are insurance premiums collected by the Agency maintained in a premium trust account where those funds are kept separate from other monies and restricted from other use? Yes No

State Information

*Please check those states where you intend to solicit business and seek appointment: Check here for all States.

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> D.C. | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Other _____ | | | |

- Please return a copy of your E&O Declarations Page with this form
- Please return a copy of your W-9 form

I certify that the information provided is accurate and complete. I understand that appointment of the Agency will, in part, be based on the information provided on this form. Any misrepresentation or omission of information from this form may result in the withholding or revocation of appointment with Great American Insurance Company or any of its affiliates insurers.

Name of Agency _____

*Printed Name _____

*Title _____

*Signature _____

*Date _____