

AGENCY PROFILE AND AUTHORIZATION TO RELEASE INFORMATION

AGENCY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NO _____ FAX _____ CELL _____

WEB _____ E-MAIL _____

LICENSED AGENT NAME _____ LICENSE# _____

OWNERS NAME (IF OTHER) _____

OWNER HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNERS SS # _____ DL# _____ EXP.DATE _____

NEW Y N OPEN SINCE _____ TRANSFER _____

The undersigned, owner and/or duly licensed florida insurance agent agree to:

1. Authorize Elite Underwriters Inc verify other credit information, including past and present insurance company references.
2. To be responsible for unearned commission which may become due to Elite Underwriters Inc.

AGENCY OWNER SIGNATURE (PRINT NAME)

CARRIER APPOINTMENTS (LIST NAME)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 2. _____ | 4. _____ |
| 3. _____ | |

MAYOR UNDERWRITTING RATIOS (TOTAL 100)

CLASS _____ **%** **CLASS** _____ **%**

CLASS _____ **%** **CLASS** _____ **%**