

CGA Premium Funding

Agent Application
Please fax this application back to:
(818) 610-2066

NAME OF AGENCY/BROKER							
Principal/Owner Name						Phone Ext.	
Primary Contact at Agency/Broker						Title	
Physical Address							
Mailing Address (if different from above)							
City		State		Zip Code			
Telephone	()			Fax Number	()		
Years in Business (Agency)		Email Address					
Fed/Tax ID #				Agency License #			
TOTAL WRITTEN PREMIUM	\$	ESTIMATED ANNUAL PREMIUM FINANCE VOLUME		\$			
Average Size Premium (Financed)	\$				Number of Producers		
Primary lines of business being financed (i.e. Garage Liability, Prof. Liability, etc...)	1.		2.				
PRIMARY INSURANCE COMPANY AND GENERAL AGENT REFERENCES							
(1) Company Name				Contact			
Address/City/State				Phone Number			
(2) Company Name				Contact			
Address/City/State				Phone Number			
(3) Company Name				Contact			
Address/City/State				Phone Number			
(4) Company Name				Contact			
Address/City/State				Phone Number			

If necessary please attach a separate listing for additional company references.

BANK REFERENCE						
Bank Name			Address			
City			State	Zip Code		
Bank Contact			Phone Number			
Account Number						
BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT AND THAT GOTOPREMIUMFINANCE.COM OR ANY AFFILIATED COMPANY IS AUTHORIZED TO GAIN ANY NECESSARY REFERENCE INFORMATION ABOUT THIS FIRM FROM THE REFERENCES LISTED ABOVE.						
Name			Title			Date
Signature						

For office use only
