



AGENCY APPLICATION

Please email to customerservice@financebulldog.com

AGENCY PROFILE

Legal Agency Name:		
D.B.A. (if applicable):		
Federal ID Tax #:	*Agency License #:	
Date Agency Established:		
*Please include a copy of your Agency License with application		
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Physical Address of Office Applying:		
City:	State:	Zip:
Mailing Address (If Different):		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Primary Contact for Premium Finance:		
Number of Employees:	Number of Producers:	
Annual Premium: \$	Annual Number of Policies:	
Annual Finance Volume:	% of Policies Financed:	
Average Contract Size:	Expected Largest Amt Financed:	
Primary Lines of Business Financed:		
Estimated Cancellation Frequency:		
Current Premium Finance Source(s):		
Requested Funding:		

BANK REFERENCE & ACH INFORMATION

Bank:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Routing/ACH #:	Account #:	

AGENCY E&O COVERAGE

Company:	
Policy #:	Expiration Date:
Amount Per Occurrence:	Amount Cumulative:

AGENCY OFFICE LOCATIONS

Location:	Contact:	Phone:
Address:		
City:	State:	Zip:
Location:	Contact:	Phone:
Address:		
City:	State:	Zip:
Location:	Contact:	Phone:
Address:		
City:	State:	Zip:
Location:	Contact:	Phone:
Address:		
City:	State:	Zip:

REFERENCES *Please provide at least 3 MGAs or Insurance Companies you currently do business with as references

Company/Agency Name:	
Contact Name:	Title:
Address:	
Phone:	Email:
Company/Agency Name:	
Contact Name:	Title:
Address:	
Phone:	Email:
Company/Agency Name:	
Contact Name:	Title:
Address:	
Phone:	Email:

AGENCY OWNERSHIP STRUCTURE

Name of Owner:	Title:	
SSN:	% of Ownership:	
Address:		
City:	State:	Zip:
Owner Signature:		
Name of Owner:	Title:	
SSN:	% of Ownership:	
Address:		
City:	State:	Zip:
Owner Signature:		
Name of Owner:	Title:	
SSN:	% of Ownership:	
Address:		
City:	State:	Zip:
Owner Signature:		
Name of Owner:	Title:	
SSN:	% of Ownership:	
Address:		
City:	State:	Zip:
Owner Signature:		
*If necessary, please attach additional information via separate attachment		

AUTHORIZATION

I/We hereby acknowledge that the information on this form is true and accurate. I/We hereby authorize Bulldog Premium Finance to obtain any necessary reference information about this firm from the references listed above and to obtain any necessary business and personal credit information.

I/We hereby authorize Bulldog Premium Finance to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries made in error to the Agency's account indicated above and the depository named above, hereinafter called DEPOSITORY to credit and/or debit the same to such account. The authority is to remain in full force until Bulldog Premium Finance has received written notification of termination of authorization in such time and in such manner as to afford Bulldog Premium Finance and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Title: _____

Signature: _____ Date: _____