



Preferred Client Profile

Please complete the information listed below in order to allow our organization to set up a business profile and relationship with your Agency. **Note:** *Please include a copy of your agency and producer license when submitting this application.*

Agency Profile		
Legal Name of Agency:		
DBA Name (If Different):		
Physical Address:		
City:	State:	Zip Code:
Mailing Address (If Different):		
City:	State:	Zip Code:
Telephone:	Fax:	E-mail:
Primary Contact Person:		
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Federal Tax ID#:	Agency License #:	
*Please include copy of agency License.		
Agency Statistics		
Number of Years in Business:		
Number of Employees:	Number of Producers:	
Estimated Total Annual Premiums:		
Estimated Total Annual Finance Volume:		
Estimated Average Contract Size:		
Estimated Largest Amount Financed:		
Primary Lines of Business Being Financed:		
Estimated Cancellation Frequency:		
Current Premium Finance Source:		
Requested Funding:		

E & O Coverage	
Company:	
Policy #:	Expiration Date:
Amount per Occurrence:	
Amount Cumulative:	

Agency Owners		
Name of Owner:	Title:	
Address:		
City:	State:	Zip Code:
SSN#:	License #:	
Signature:		
Name of Owner (if multiple):	Title:	
Address:		
City:	State:	Zip Code:
SSN#:	License #:	
Signature:		

Producer Information		
Name:	License #:	Resides in Main Office?
		Yes/No
		Yes/No
		Yes/No
		Yes/No
		Yes/No
		Yes/No
		Yes/No
		Yes/No
		Yes/No

Insurance Company/General Agency References			
Company/Agency Name:			
Address:			
City:	State:	Zip Code:	Phone:
Contact Person:		E-Mail:	
Company/Agency Name:			
Address:			
City:	State:	Zip Code:	Phone:
Contact Person:		E-Mail:	
Company/Agency Name:			
Address:			
City:	State:	Zip Code:	Phone:
Contact Person:		E-Mail:	

Bank Reference and ACH Details			
Name of Bank:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:		
Contact Person:			
Account #:	ABA (Routing) #:		

Authorization

I acknowledge that the information on this form is true and accurate. I hereby authorize Siuprem, Inc. to gain 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 Siuprem, Inc. 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 Siuprem, Inc. has received written notification of termination of authorization in such time and in such manner as to afford Siuprem, Inc. and DEPOSITORY a reasonable opportunity to act on it.

Name (please print): _____ Title: _____

Signature: _____ Date: _____