



**PROSPECTIVE AGENCY INFORMATION FORM**

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address: City State Zip

\_\_\_\_\_  
Street Address: City State Zip

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Type: \_\_\_\_\_(S) Sole Proprietorship; (P) Partnership; (C) Corporation; (LLP) Limited Liability Partnership (LLC) Limited Liability Corporation

License # \_\_\_\_\_ (If Partnership or Corporation, must have TDI license in that name)

Agency Principals:

_____	% Ownership: _____	SSN/Tax ID: _____
_____	% Ownership: _____	SSN/Tax ID: _____
_____	% Ownership: _____	SSN/Tax ID: _____
_____	% Ownership: _____	SSN/Tax ID: _____

E & O Carrier & Limits? \_\_\_\_\_ (Minimum \$1,000,000)

Full-time employees: \_\_\_\_\_

Current size (Premiums) of Homeowner's book of business: \_\_\_\_\_

Percentage of total agency volume :

Personal Lines? \_\_\_\_\_ Commercial Lines? \_\_\_\_\_

Principal residential property county: \_\_\_\_\_

Expected first 12 month annual volume: \_\_\_\_\_

Consider a book rollover from another of your Carriers? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN FRONTIER GENERAL!

Please return by mail or fax.  
P.O. Box 230, Fort Worth, TX 76101  
(817) 732-2111 / 1-800-880-0474 (ext. 3085)  
FAX: (817) 732-7226