



iSurity
Agency Application

Agency Name

Years in Business

Address

Other Locations

Phone # _____ Fax# _____

Web Site _____ Fed ID # _____

Entity Type: Corporation _____ Partnership _____ Individual _____ Other _____

Principal Owners

% of ownership

Licensed Producers

Email Address

Position

Branch

Years Exp.

List of current approved carriers that your agency represents:

▪ **Lines of business written by agency**

| | | | |
|----------------|---------|----------------|---------|
| Personal Lines | % _____ | Commercial | % _____ |
| Worker's Comp | % _____ | Life Insurance | % _____ |
| Securities | % _____ | Other | % _____ |

▪ **Gross Premium of Agency** \$ _____

▪ **Amount of expected Worker's Comp premium with iSurety on annual basis**
\$ _____

▪ **Has the agency, agency owners, or any of its agents been involved in an insurance related lawsuit?** Date _____ Details _____

▪ **Has the agency, agency owners, or any of its agents filed for bankruptcy?**
Date _____ Details _____

▪ **Has the agency, agency owners, or any of its agents filed an E & O claim?**
Date _____ Details _____

▪ **How did you hear about iSurety?** _____

*Please attach copy of current E & O coverage

Submitted By:

Signature

Date

The completion of this application is in no way intended to be a contract with iSurety/NCME Fund. The purpose is to obtain information. This is not a contract.

Please submit to: iSurety, PO Box 6455 High Point, NC 27262

Fax (336) 869-7070 Phone (336) 869-3000