

Contact Information

First Name *		Last Name *	
Agency Name *		Email Address *	
Job Title		Website	
Physical Street Address			
City		State	Zip Code
Work Phone	Ext	Fax Phone	
Agency Entity			

Operations Information			
Please confirm that you are fully licensed in all the states in which you are submitting your business.			
Years in business: As an insurance agent?	Your agency?		
Business Breakdown By Lines: Personal %:	Commercial %:		
How do you determine which MGA to place business with?			
What Colonial products do you want write most often?			

Anticipated premium volume to The Colonial Group in Year 1? ?

Current Carriers and Markets

Company 1 Name:	Number Of Years:
Company 2 Name:	Number Of Years:
Company 3 Name:	Number Of Years: