



NATIONAL LLOYDS AMERICAN SUMMIT INSURANCE COMPANIES



510 North Valley Mills Drive / Waco, Texas 76710 / P.O. Box 2650 / Waco, Texas 76702-2650
(800) 749-6419 / WWW.NATLLOYDS.COM / WWW.AMERICAN-SUMMIT.COM

PLEASE USE THIS AS YOUR COVER SHEET WHEN SUBMITTING
YOUR COMPLETED APPLICATION AND DOCUMENTS
TO AMERICAN SUMMIT

DATE: _____

TOTAL PAGES: _____

FROM: _____

ATTENTION: American Summit Marketing Department

SUBJECT: Agency Profile and PEER Form - ASNL-01

Your documents can be submitted to American Summit via one of the following ways:

FAX: 817-632-2611

E-MAIL: Marketing@American-Summit.com

MAIL: Marketing Department
American Summit Insurance Company
P.O. Box 2650
Waco, TX. 76702-2650

Please be sure to send the following documents in with your submission:

- Agency Profile Form PEER Authorization Form E&O Declarations Page Agency License Page



NATIONAL LLOYDS INSURANCE COMPANY AMERICAN SUMMIT INSURANCE COMPANY



P.O. BOX 2650 / WACO, TEXAS / 76702-2650 / FAX (208) 955-4208

AGENCY PROFILE

CORPORATION OR PRODUCERS NAME _____ <small>(AS IT APPEARS ON LICENSE)</small>		
DBA NAME _____ <small>(IF APPLICABLE)</small>		
OFFICE PHONE () _____		OFFICE FAX () _____
E-MAIL ADDRESS _____		
MAILING ADDRESS _____		
STREET ADDRESS _____		
CITY _____		STATE _____
ZIP CODE _____		COUNTY _____
TAX ID # _____		SS # _____
DATE AGENCY ESTABLISHED _____		
AGENCY OWNER _____		
HOME ADDRESS _____		
CITY _____		STATE _____
ZIP CODE _____		
HOME PHONE () _____		
<u>PARTNERS/PRINCIPALS/OFFICERS</u>	<u>TITLE</u>	<u>SS#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
AGENCY CONTACT PERSON _____		
PERSONAL LINES UNDERWRITING _____		
COMMERCIAL UNDERWRITING _____		
COMPANIES YOU ARE CURRENTLY REPRESENTING INCLUDING EXCESS AND SURPLUS LINES, AS WELL AS MANAGING GENERAL AGENCIES. PLEASE INDICATE THE DATE CONTRACTED.		
<u>PERSONAL LINES</u>	<u>COMMERCIAL LINES</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

NAMES OF COMPANIES WITHDRAWN FROM YOUR AGENCY WITHIN THE PAST TWELVE MONTHS. PLEASE GIVE THE REASON WHY.

_____	_____
_____	_____
_____	_____

I certify the above information is true to the best of my knowledge. I understand the issuance of my appointment is based on the accuracy of this application and that I am not permitted to solicit insurance until I have received my appointment from the State Insurance Department.

A photocopy of this authorization is to be accepted with the same authority as the original

Date _____ Signature _____

PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED UNLESS ALL INFORMATION LISTED BELOW IS RECEIVED IN OUR OFFICE:

- ▶ Copy of current insurance agents E & O Policy(Declarations).
- ▶ Photocopy of your Agent and/or Corporation License.
- ▶ Authorization To Request a Pre Employment Report.



AMERICAN SUMMIT INSURANCE COMPANY

P.O. BOX 2650 / WACO, TEXAS / 76702-2650 / FAX (208) 955-4208

AUTHORIZATION TO REQUEST A PRE EMPLOYMENT REPORT

I, the undersigned, hereby authorize American Summit Insurance Company to request a Pre Employment Evaluation Report from TransUnion, LLC. I understand this report contains information on my credit history and employment background.

Name _____ SS# _____
Owner or Officer of Corporation

Home Address _____ Street _____

City _____ State _____ Zip Code _____

Signature _____ Date _____