

AGENCY FUNDING REQUEST

(THIS IS NOT AN APPLICATION: It only requests basic information for developing a term sheet.)

YOUR NAME:

DATE:

AGENCY NAME:

AGENCY MAILING ADDRESS:

Street:

Street:

City:

State:

Zip:

Phone:

Fax:

Email:

TYPE OF POLICIES YOUR AGENCY SELLS IN ORDER OF DOLLAR VOLUME:

YOUR TITLE:

I AM (Select One or Enter Percentage): Owner: Shareholder: _____% Partner: _____% Other:

If "Other," please explain:

FUNDING REQUESTED:

NET PROCEEDS DESIRED: \$ _____

For what business purpose will the proceeds of this loan be used?

List enough carriers to account for at least 80% of your commission income. Numbers may be approximate.

Carrier (short name)*	Renewal Income (12 or F)**	Renewal Commission Rate	Annual Retention/ Persistency rate	Total Book PREMIUM ***
	\$	%	%	\$
	\$	%	%	\$
	\$	%	%	\$
	\$	%	%	\$
	\$	%	%	\$
	\$	%	%	\$
	\$	%	%	\$

In addition to commission, do you receive any income (fees, etc.) with every premium payment? No Yes

* Just a handle we can refer to for discussion.

** Total dollar volume of renewals *received* for the last 12 months, or last Fiscal period – please circle one. **Do not include new sales.**

*** Total amount of all premiums for all active policies.