

8383 Wilshire Boulevard Suite 341

Beverly Hills, CA 90211

Tel: 310-859-8600 Fax: 310-278-3617

Web: www.CanonInsurance.com

License: 0321784

## **APPLICATION FOR BROKERAGE AGREEMENT**

AGENCY INFORMATION (PLEASE FORWARD A COPY OF YO	<u>UR INSURANCE B</u>	ROKERS LIG	CENSE)			
Agency Name						
Agency Name: Mailing Address:						
Street Address:						
Telephone No:						
Fax Number:						
Fed I.D. No:						
No of Yrs in Bus:						
OWNERSHIP INFORMATION						
Agency Is: Sole Proprietor:		LLC:				
Corporation:		Other:				
List any related organizations including	ng:					
Parent Organization:						
Subsidiaries:						
Related Organizations:						
Owner	Percent Owned	Age				
Insurance Company Represen	TATION_					
Provide the following information for	each company wit	th which you	ır firm has an ag	gency agreement:		
Company	Prem	ium Volum	e	Years Rep'd		
	<u> </u>					

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Year	Personal	Commercial	Total Pi	remium		
Please list any company rel	ationships terminated d	uring the last three (2) ve	ora:			
lease list any company lei	ationships terminated d	uring the last three (3) ye	ais.			
Company	Yrs Rep'd	Reason	Reason for Termination			
PROFESSIONAL LIABILIT	Y INFORMATION					
Does your firm carry profes	ssional liability coverag	ge? Yes N	Io			
Insurance Carrier:	i					
Policy Aggregate Limit:						
Policy Expiration Date:	:					
FINANCIAL & PERSONAL Please provide the followin		ferences that we may call	upon:			
Contact Name	Address	Phone	Relation	Years Known		
Signature:						
Title:						
Agency:						

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