

Additional Entity Supplemental Application

1. Agency Name:

2. Name of Additional Entity:

a. Currently Licensed?

Yes No

3. Name of entity owners and % of ownership: [If more than 3 owners, attach details on a separate sheet]

a. Owner #1:

% of Ownership:

b. Owner #2:

% of Ownership:

c. Owner #3:

% of Ownership:

4. Describe additional entity:

Property and Casualty Agency Life, Accident and Health Agency Both P&C and L,A&H Other

If "other," please describe:

5. Is the additional entity:

a. A Start-up Entity

Start Up Date:

An Acquired Entity

Acquisition Date:

b. Active

Inactive

Dissolved

Inactivity/Dissolution Date:

6. If inactive or dissolved, are there active producer agreements still in the entity's name?

Yes No

If yes, why?

7. Has this entity incurred any losses in the last 5 years?

Yes No

If yes, please complete claim supplement.

8. Any additional information/comments regarding this entity:

Name:

[Print Name]

Title:

[Print Title]

Signature:

[Must be signed by Owner, Partner or Senior Officer]

Date:

[Month/Day/Year]