

P.O. Box 14354
 Reading, Pa. 19612-4354
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 Main: 866-874-7264
 Fax: 610-374-6986



**Broker/Agent
 Appointment
 FORM - INN**

(Please Print or Type)

AGENCY/APPLICANT INFORMATION				
APPLICATION FOR: <input type="radio"/> Agency with Fees Paid to the Agency. <input type="radio"/> Broker/Agent with Fees Paid to the Agency. <input type="radio"/> Independent Agent or Subagent with Fees Paid to Themselves.				
Last	First	Middle		
Agency Name		Applicant Email Address		Social Security Number
Work Address		Work Telephone Number	FAX Number	Other Telephone Number
P.O. Box	City	State	ZIP Code	

ASSIGNMENT OF FEES

COMPLETE ONE OF THE OPTIONS BELOW FOR PAYMENT OF Fees:

Fees Payable To Agency:

Agency Name	Agency Tax Identification Number	Agency License Number
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Fees Payable To Individual Agent:

Individual Name	Social Security Number	WI License Number
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"Pay To" Address <input type="radio"/> Same as Above	P.O. Box	City	State	ZIP Code
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Do you wish to receive payments from The Loomis Company via EFT? <input type="radio"/> Yes <input type="radio"/> No If Yes, please complete attached VPay form			
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LICENSE INFORMATION (ATTACH A COPY)

License Type	State of Issue	License Number	NPN	Issue Date	Expiration Date		
Has your insurance license suspended or revoked?		Yes	No	Have you ever been convicted of a felony?		Yes	No
Have you ever been investigated or fined by an Insurance Regulatory Authority?		Yes	No	Do you owe any debt/balance to an insurer, general agent, or financial service institution that has remained overdue for more than 60 days?		Yes	No

ERRORS AND OMISSIONS INSURANCE

Name of Carrier (Attach copy of Certificate)	Specific and Aggregate Amounts <small>(Min. \$1 Million each)</small>	Expiration date	Applicant or Agency must be noted on the Certificate.
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ATTESTATION

The Application information contained herein is true to the best of my knowledge.

Applicant Signature	Date
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