## LOCALEDGE

AGENCY APPLIC	CATION & PROFILE		
Agency Name:			
Principal/Owner/C	EO:		
NPN:			
			Zip:
Office Phone:		Ext:	Fax:
Business Type:	☐ Sole Proprietorship	□ Partnership	☐ Corporation
Are you affiliated v	with a distribution organizati	on (i.e. network, alli	ance or cluster)? □ Yes □ No
Name:Year Joined:			
Do you maintain E	Employee Dishonest covera	ge for all Officers an	id Employees? □ Yes □ No
Do you maintain E	Errors & Omissions coverag	e? □ Yes □ N	No
•	•		zation ever had an insurance license any disciplinary action? □ Yes □ No
lf Yes, please exp	lain:		· · · · · · · · · · · · · · · · · · ·
Will all your busing is party to this agr		•	do so through the licensed entity tha
	ng or threatened litigation one broker or any principals o	, ,	the past five years exceeding  ☐ Yes ☐ No
If Yes inlease exp	lain <sup>.</sup>		

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Personnel:					
Count of Staff by Type	Accountir	Accounting Contact:			
Principals / Owners	Email Add	dress:			
Producers (Salespe	ople) Phone Nu	ımber:			
Other Licensed Emp	oloyees				
Non-Licensed Empl	oyees				
Total Agency Premium Curre	ent Year:				
\$		_			
% Commercial	Lines				
% Personal Lin	es				
% Brokerage					
Please list your top 3 whole	esale brokers:	What type(s) of b	usiness do you broker?		
•					
We would like to provide you in learning more about?	u more information a	bout LocalEdge. What	would you be most interested		
☐ Personal Lines ☐	∃ High Value Home	☐ Coastal Solutions	☐ Direct Access		
☐ Small Commercial ☐	☐ Excess & Surplus	☐ Middle Market	☐ Commercial Specialty		

\*\*Please return completed documents to <a href="mailto:localedgesalesteam@bridgespecialty.com">localedgesalesteam@bridgespecialty.com</a>\*\*

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2270 Camino Vida Roble Suite M, Carlsbad, CA 92011 | 800.444.1744