

Mid Valley General Agency LLC

Application for Brokerage Appointment – Branch Office(s) Supplement

Agency Name: _____

DBA: _____

Branch Name (If different): _____

Mailing Address: _____

Physical Address: _____

Telephone: _____ Fax: _____

Primary Branch E-Mail: _____

Do you wish to have monthly accounting statements sent to this branch? Yes No

Branch Accounting Contact: _____ Email: _____

Approximate Percentage of Branch Volume:

_____ % Commercial Property & Casualty _____ % Personal Lines
_____ % Transportation _____ % Other

Total annual premium volume for this branch: _____

Employee Information (Use additional sheet if needed):

Name	License #	Position	E-Mail Address

The undersigned hereby declares that the statements made are true and no material facts have been suppressed or misstated.

Signature: _____

Printed Name: _____

Title: _____

Date: _____