**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:**

**Branch Accounting Contact: Email:**

**Approximate Percentage of Branch Volume:**

**\_\_\_\_\_\_% Commercial Property & Casualty \_\_\_\_\_\_% Personal Lines**

**\_\_\_\_\_\_% Transportation \_\_\_\_\_\_% Other**

**Employee Information (Use additional sheet if needed):**

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| --- | --- | --- | --- |
| **Name** | **License #** | **Position** | **E-Mail Address** |
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I/We declare that the statements made are true and no material facts have been suppressed or misstated.

I/We agree that this application shall be the basis of a contract with Mid Valley General Agency, LLC.

**Signature(s):**   **Title:**   **Date:**

**Title:**   **Date:**

\*\*Complete this page for each branch office.