



# Texas Security General

## INSURANCE AGENCY, LLC.

18545 Sigma Road, San Antonio, Texas 78258 / Phone: 210-764-1233 / Fax: 210-764-1266

### Contact Information

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Agency Name \* \_\_\_\_\_

Email Address \* \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

### Producer Information

Producer Name \_\_\_\_\_

Producer Website \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Fax Phone \_\_\_\_\_

Marketing/Sales \_\_\_\_\_

Manager's Name \_\_\_\_\_

Email \_\_\_\_\_

### Operations Information

How is organization licensed? (Choose all that apply)

Agent \_\_\_\_\_

Other \_\_\_\_\_

Please confirm that you are fully licensed in all the states in which you are submitting your business. \_\_\_\_\_

Years in business: As an insurance agent? \_\_\_\_\_

Your agency? \_\_\_\_\_

### Commission Income Breakdown

% Retail \_\_\_\_\_

% Wholesale Brokerage \_\_\_\_\_

% MGA (Binding Authority) \_\_\_\_\_

% Other \_\_\_\_\_

### Personnel - Breakdown of Organization's Staff (number)

Principals / Owners \_\_\_\_\_

Producers (Salespeople) \_\_\_\_\_

Other Licensed Employees \_\_\_\_\_

Other Employees \_\_\_\_\_

**Total Staff** \_\_\_\_\_



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### Financial and Other Information

Internal Accounting Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext \_\_\_\_\_

Do you maintain Employee Dishonesty Coverage for all Officers and Employees? \_\_\_\_\_

Do you maintain Errors & Omission Coverage? \_\_\_\_\_ Limits \_\_\_\_\_

Have you or any officer, director or member of your organization ever had an insurance license suspended or terminated for any reason, or ever been subject to any disciplinary action? \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Is there any pending or threatened litigation or judgments within the past five years exceeding \$10,000 against the broker or any principals of the organization? \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Products you are interested in selling \_\_\_\_\_

### Agency Annual Sales

Total Premium \$ \_\_\_\_\_

Personal Lines % \_\_\_\_\_ Commercial Lines % \_\_\_\_\_

### Current Carriers and Markets

Annual Premium: Personal Lines – Homeowners \_\_\_\_\_

Annual Premium: Personal Lines – Dwelling \_\_\_\_\_

Annual Premium: Personal Lines - Mobile Home \_\_\_\_\_

Annual Premium: Commercial Lines - GL, Auto, P&C, etc. \_\_\_\_\_

Annual Premium: MGA \_\_\_\_\_

Please email this completed form to [michellet@txsecgen.com](mailto:michellet@txsecgen.com).

You will receive confirmation of this notice and the Marketing Representative in your area will be in contact with you by phone within 48 hours.

Thank you.