

Date: _____ Type of Agency: (Check One) Sole Proprietorship Partnership Corporation

How did you hear about NCMIC Finance Corporation? _____

Do you have an existing Premium Finance Company? _____ Name: _____

Agency Name: _____ # of Producers: _____

Agency Principal #1: _____ SSN# _____ % Ownership: _____ E-Mail: _____

Agency Principal #2: _____ SSN# _____ % Ownership: _____ E-Mail: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ Web: _____

How Long in Business: _____ How Long at Location: _____ # Employees: _____ Tax ID#: _____

Est. Commercial Volume #: _____ Est. Financed Volume: \$ _____ Avg. Contract Size: \$ _____

State(s) of Operation: _____ License #: _____

E&O Carrier: _____ E&O Policy #: _____

Bank: _____ Bank Contact Name: _____ Bank Phone #: _____

Insurance Company References

Company: _____ Telephone: _____ Contact: _____

Company: _____ Telephone: _____ Contact: _____

Managing General Agent/Broker Reference

Agent Name: _____ Telephone: _____ Contact: _____

Please Also Provide:

- 1.) A copy of your license for the state where you are domiciled
- 2.) A copy of your E & O policy for your agency
- 3.) A copy of the agency's most recent fiscal year-end balance sheet and income statement

Authorized By: _____ Title: _____

Signature: **X** _____ Date: _____

By signing this Request for Premium Financing, I (1) authorize NCMIC or its designees to investigate my Company's credit worthiness by obtaining reports from credit reporting agencies and other information and credit records, and investigate my credit in connection with NCMIC's credit inquiry with respect to my Company; (2) certify that all information provided in this agency profile is true and correct.