CBM GENERAL AGENCY, LLC P.O. BOX 1570

WINNSBORO, LA. 71295

PHONE #: (318) 435-5643 FAX #: (318) 435-5251

E-MAIL ADDRESS: patrick@cbmgeneralagency.com

AGENCY PROFILE FOR CBM GENERAL AGENCY

AGENCY DATA								
Full Name of Agency /								
Street Address:								
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City:		State:			Zip Code:			
Telephone #:		Fax #:			WATS #:			
Federal Tax I.D. #:		Social S	<u>Securi</u>	ty #:				
Year Business Establish	ed:	d: Agency Licens		ise #:	<u>e #:</u>		ISO Territory #:	
PLEASE PROVIDE INFO	RMATION C	N AGENCY	owi	NERS				
NAME	HOME ADDRESS		S.S #			PERCENTAGE OWNED		
1.				·· _				
2.							<u> </u>	
3.			· 			· <u> </u>	. <u> </u>	
NAME, ADDRESS AN ACCOUNT(S)		NUMBER			THAT	HANDLE	YOUR	PREMIUM
NAME/ADDRESS					PHONE NUMBER			
1.								
2								
3.		<u>-, </u>						

WNERSHIP CHANGED, OR HAS ANY DISOLIDATED WITH THE AGENCY?	HE NAME OF THE AGENCY BEEN CHANGED, HAS THE Y OTHER BUSINESS BEEN PURCHASED, MERGED, OR
ITHIN THE PAST FIVE YEARS, HAS T WNERSHIP CHANGED, OR HAS ANY DNSOLIDATED WITH THE AGENCY?	HE NAME OF THE AGENCY BEEN CHANGED, HAS THE Y OTHER BUSINESS BEEN PURCHASED, MERGED, OR
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WNERSHIP CHANGED, OR HAS ANY DISOLIDATED WITH THE AGENCY?	Y OTHER BUSINESS BEEN PURCHASED, MERGED, OR
	o If yes, explain.
Yes No	
	
<u>rincipals</u>	
ame	Email Address
<u>SR's</u>	
ame	Email Address

Accounting Contact					
Name	Email Address				
Does your Agency have a specialize	ed niche or is there any specific line or class of business in				
A CONTRACTOR OF THE PROPERTY O					
Yes	No If yes, attach details of coverage, premium volume,				
	loss ratio and Agency's experience in that field.				
Attach a copy of Agent' license, for	all owners, CSR and Producers.				
Attach a copy of Agency E&O Certif	ficate of Insurance, currently in force.				
Has the Agency had an E&O claim	within the past five years?				
Yes No	If yes, attach details.				

Title

Date

Signature of Applicant