

**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 / Broker: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

WATS #: \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

Agency License #: \_\_\_\_\_

ISO Territory #: \_\_\_\_\_

**PLEASE PROVIDE INFORMATION ON AGENCY OWNERS**

NAME

HOME ADDRESS

S.S #

PERCENTAGE  
OWNED

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**NAME, ADDRESS AND PHONE NUMBER OF BANKS THAT HANDLE YOUR PREMIUM ACCOUNT(S)**

NAME/ADDRESS

PHONE NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**Accounting Contact**

Name	Email Address

**Does your Agency have a specialized niche or is there any specific line or class of business in which you are interested?**

\_\_\_\_\_ 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 Certificate of Insurance, currently in force.**

**Has the Agency had an E&O claim within the past five years?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, attach details.

---

---

---

---

---

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**