



AGENT APPOINTMENT FORM

Agent Code

[Grey box for Agent Code]

P.O. Box 1966
Marble Falls, TX 78654

Please check box below:

Single Location

Multiple Locations: #___ (Attach additional sheet with location details)

Agency Information

Agency Name: _____ Years in business: _____

DBA Name: _____ Comparative Rater: _____

Agency Address: _____
(Street) (City) (State) (Zip) (County)

Mailing Address: _____
(Street) (City) (State) (Zip) (County)

Agency Phone # _____ Agency Fax #: _____

Email for Underwriting Correspondence: _____

Key Agency Personnel:

Name: _____ Title _____

Key Personnel Email: _____

Organization Type: Sole Proprietor Partnership Corporation Limited Liability Company

Tax ID Number: _____

Do you carry Errors & Omissions Insurance? Yes No (if yes) Policy # _____

Carrier Name: _____ Eff. Date: _____ Policy Limit: _____

Agency Principal Information:

Principal Legal Name: _____
First Middle Last

Social Security Number: _____ Date of Birth: _____
Month Day Year

Resident Address: _____
(Street) (City) (State) (Zip) (County)

Mailing Address: _____
(Street) (City) (State) (Zip) (County)

Resident Phone: _____ Email Address: _____

TDI LICENSE INFORMATION - Attach current copy of appropriate State License(s.)

Licensing Lines: P&C General Lines County Mutual Limited Lines Personal Lines

State License ID Number: _____ State Licensed: _____

List the top 4 companies in the agency by line of business, production and loss ratio for which you have been appointed in the past three years:

Carrier Name	Line of Business	Written Premium	Loss Ratio

BACKGROUND QUESTIONS: If your answer is “yes” to any of the questions below, please write on a separate sheet and attach. **FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.**

1. Are you now being sued or have you ever been sued or had a judgment rendered against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever filed for bankruptcy or sought protection from your creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever been charged, convicted, or pled guilty or nolo contendere (“no contest”) to:	
a) A felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Any misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has any federal or state regulatory agency ever:	
a) censored you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) found you made false statement(s) or omissions or been dishonest, unfair, or unethical?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you now or have you ever been prevented from engaging in any activities related to securities, insurance, annuities, real estate, or any other type of financial instrument?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. In the last five years, have any agent or broker contracts which you held with investment, real estate, insurance companies or agencies been canceled for cause?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTICE AND RELEASE FORM

I certify that I have reviewed this application and that my answers are true. I acknowledge that this application will form a part of my agent’s contract with the Company. Further, I understand that if any information is incorrect or incomplete, it will be grounds at the sole discretion of the Company for rejecting this application or for termination of my contract. Under Penalties of Perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on this form is my correct taxpayer number.

Print Agency Name: _____

Print Applicants Name: _____

Applicant Signature: _____



Title of Applicant: _____

Date: _____

PLEASE COMPLETE AN ADDITIONAL LOCATION FORM FOR ALL ADDITIONAL LOCATIONS REQUIRING PRODUCER CODES



Sweep/Commission Account Information

Agency Name _____ Agent/location code _____

SWEEP ACCOUNT:

Banking Institute Name _____ Checking
Savings

Bank address _____

Bank phone number _____

Routing number _____ Account number _____

Signature _____ Date _____

Printed name _____

Noble General Agency, LLC is hereby authorized to present electronic withdrawal items on the agency's account indicated above and the depository named above for payments of settlements due to Noble General Agency, LLC, by the Agency. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Noble General Agency LLC is notified in writing to the contrary. All payment amounts received as Check, Cash, Money Order, or Credit Card to the Agent taken in for new applications, renewals and endorsements will be withdrawn from the Agent's account.

COMMISSION ACCOUNT:

Banking institute Name: _____ Checking
Savings

Bank address _____

Bank phone number _____

Routing number _____ Account number _____

Signature _____ Date _____

Printed name _____

Noble General Agency, LLC is hereby authorized to present electronic deposit items on the agency's account indicated above and the depository named above for payment of settlements due to the party listed on the Contract Signature page, by Noble General Agency, LLC. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Noble General Agency LLC is notified in writing to the contrary. All commissionable amounts paid on, receipted as Check, Cash, Money Order or Credit Card to the Agent, taken in for new applications, renewals and endorsements will be deposited into the Agent's commission account.

*****Please include a copy of a voided check or letter of verification from your bank with account and routing information included. Also, please note that if the information provided results in a returned ACH and no voided check/verification letter was provided then it will be the agent's responsibility to provide payment for any fees owed.**



Noble General Agency LLC

ONLY COMPLETE AN ADDITIONAL LOCATION FORM FOR ADDITIONAL LOCATIONS REQUIRING PRODUCER CODES

Additional Location Form

Please email to marketingNG@nobleinsga.com
or fax to 972-810-7996

Agency Name _____

Main Code _____

New location address: _____

City _____ Zip code _____

New location phone: _____

New location fax: _____

Email address For Underwriting **(Please note that all underwriting correspondence will go to the email provided)**
Email for Correspondence _____

Contact Email: _____

Location CSR/Manager Contact: _____

***Please include an updated copy of your E&O showing the new location has been added.**

****Please list an Agent License not previously used under any other Noble Location codes.**

SWEEP ACCOUNT:

Banking institute Name: _____ Bank address _____ Bank phone number _____

Routing number _____ Account number _____ Checking Savings

Signature _____ Date _____

Printed name _____

Noble General Agency, LLC is hereby authorized to present electronic withdrawal items on the agency's account indicated above and the depository named above for payments of settlements due to Noble General Agency, LLC, by the Agency. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Noble General Agency LLC is notified in writing to the contrary. All payment amounts received as Check, Cash, Money Order, or Credit Card to the Agent taken in for new applications, renewals and endorsements will be withdrawn from the Agent's account.

COMMISSION ACCOUNT:

Banking institute Name: _____ Bank address _____ Bank phone number _____

Routing number _____ Account number _____ Checking Savings

Signature _____ Date _____

Printed name _____

Noble General Agency, LLC is hereby authorized to present electronic deposit items on the agency's account indicated above and the depository named above for payment of settlements due to the party listed on the Contract Signature page, by Noble General Agency, LLC. This arrangement does not affect the Agent's primary obligation for payment. This authorization is to remain in effect until Noble General Agency LLC is notified in writing to the contrary. All commissionable amounts paid on, receipted as Check, Cash, Money Order or Credit Card to the Agent, taken in for new applications, renewals and endorsements will be deposited into the Agent's commission account.

*****Please include a copy of a voided check or letter of verification from your bank with account and routing information included. Also, please note that if the information provided results in a returned ACH and no voided check/verification letter was provided then it will be the agent's responsibility to provide payment for any fees owed.**