

Bohrer-Croxdale & McAdoo, Inc.

Post Office Box 2760
 Springfield, MO 65801-2760
 Phone: (417)869-2550 (800)779-2550
 Fax: (417)869-5102 (888)869-2550

Agency Federal Tax ID#

Legal Name of Agency:

DBA (if applicable):

Street Address:

Phone:

Mailing Address:

Fax:

City, State, Zip +4

Number of years in business under this agency name:

Web Site:

Main E-mail:

Individual Partnership Corporation S Corporation

Agency Principals: Name/Title:

Active Producers: (Use additional page if necessary) **Commercial Lines CSR's**

Name of Person(s) who handles Risk Placement:

Attach a copy of CURRENT LICENSES of ALL Producers who will be placing business with Bohrер-Croxdale & McAdoo, Inc. Attach current copy of AGENCY LICENSE. Copies of licenses are Mandatory for Contract Review.

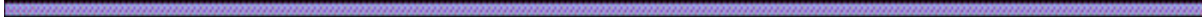
All Companies Represented in the Last Five (5) Years: (Note/* any that have canceled Contracts)

Total Volume:	Commercial Property/Casualty:	Commercial Auto:	Personal Lines:	Life/A&H:
\$	\$	\$	\$	\$

Total Annual Premium placed through Surplus Lines Wholesalers:	\$
Anticipated Annual Premium Volume through Bohrer-Croxdale & McAdoo, Inc.:	\$

Have any Principals Ever: (Please elaborate below for any "Yes" answers)

- 1. Filed Bankruptcy? Yes No
- 2. Been Sued by an Insurance Company? Yes No
- 3. Filed a Claim under Errors & Omissions? Yes No
- 4. Owed overdue balances on policies more than 90 days after Effective Date of Policies? Yes No
- 5. Have you, or any individual in your employ, ever been convicted of a felony which has not been expunged or sealed by a Court? (If Yes, please explain) Yes No



To Complete this form, we **MUST HAVE** the following information:

- ◆ **Errors & Omissions Policy: ATTACH A COPY OF YOUR CURRENT E&O DEC. PAGE**
- ◆ **Agency License: ATTACH A COPY OF EACH AGENCY LICENSE HELD**
- ◆ **Agent/Producer License(s): ATTACH THE LICENSE FOR COMMERCIAL AGENTS WHO WILL BE WRITING BUSINESS WITH BC&M.**

- 1. Professional Organization Memberships: _____
- 2. List Professional Insurance designations held by _____
Principal(s) and staff: _____
- 3. Signature of Principal indicates that Agency is willing to commit to a minimum of \$ _____ Annual
Premium Volume. _____



When placing Surplus Lines Business in Kansas a Surplus Lines License is required. Please indicate which one of the options you prefer:

I choose to file Kansas Surplus Lines Premium Tax.

Name of Excess Lines License Holder: _____

License Number: _____

I choose to have Bohrer-Croxdale & McAdoo, Inc. file the tax and bill me.



The applicant agrees that the above information is subject to verification.

Signature of Agency Principal/Title

Date