

G.A. MAVON & Co.



MANAGING GENERAL AGENTS

10 West Chicago Avenue, Hinsdale, Illinois 60521
630-655-2400 • 630-654-4447 FAX WWW.MAVON.COM

PRODUCING AGENCY APPLICATION

I. Agency Information

Agency Name _____

Address _____

Mailing Address (if different) _____

Phone Number _____ Fax Number _____

Number of years in business _____ Individual Partnership Corporation

Corporate I.D.# _____ Parent Company _____

Does your agency have a written perpetuation plan? Yes No

Name of bank _____ Premium trust account # _____

Agency Principals

1. _____
2. _____
3. _____
4. _____

E-Mail

- _____
- _____
- _____
- _____

Key employees involved in personal lines

1. _____
2. _____
3. _____
4. _____

E-Mail

- _____
- _____
- _____
- _____

- Producer CSR
 Producer CSR
 Producer CSR
 Producer CSR

Key employees involved in commercial lines

1. _____
2. _____
3. _____
4. _____

E-Mail

- _____
- _____
- _____
- _____

- Producer CSR
 Producer CSR
 Producer CSR
 Producer CSR



Integrity, service and tradition since 1916



II. Insurance Companies Represented

Company Name	Current Loss Ratio
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
5. _____	_____ %
6. _____	_____ %

Number of additional companies _____

Wholesalers/MGA's with whom you do business: Primary wholesale markets

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Premium finance companies with whom you do business

1. _____
2. _____
3. _____

III. Agency split of business

Standard Auto _____ %
Standard Home _____ %
Nonstandard Auto _____ %
Substandard Home _____ %
Commercial _____ %
Excess & Surplus _____ %
Life/Health _____ %
Total Agency Premium Volume \$ _____

Lines of business you wish to write with G.A. Mavon & Co.

<input type="checkbox"/> Standard Personal	<input type="checkbox"/> Excess and Surplus Commercial
<input type="checkbox"/> Substandard Home	<input type="checkbox"/> Professional Liability
<input type="checkbox"/> Nonstandard Automobile	<input type="checkbox"/> Life and Health
<input type="checkbox"/> Standard Commercial	<input type="checkbox"/> All Lines

IV. Please attach the following to your application

1 A copy of your E&O policy declarations page
2 Premium and loss ratio reports from your primary carriers
3 Copies of your state registration certificate and individual producers' licenses

Name _____ Title _____

Date _____ Signed _____