

Mid Valley General Agency LLC

Application for Brokerage Appointment – Branch Office(s) Supplement

Agency Name: _____

DBA: _____

Branch Name (If different): _____

Mailing Address: _____

Physical Address: _____

Telephone: _____ **Fax:** _____

Primary Branch E-Mail: _____

Branch Accounting Contact: _____ **Email:** _____

Approximate Percentage of Branch Volume:

_____ % Commercial Property & Casualty _____ % Personal Lines
_____ % Transportation _____ % Other

Employee Information (Use additional sheet if needed):

Name	License #	Position	E-Mail Address

I/We declare that the statements made are true and no material facts have been suppressed or misstated.
I/We agree that this application shall be the basis of a contract with Mid Valley General Agency, LLC.

Signature(s): _____ **Title:** _____ **Date:** _____

_____ **Title:** _____ **Date:** _____

**Complete this page for each branch office.