STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION
AGENCY APPLICATION

AGENCY NAME Corporation ☐ Sole Proprietor ☐ Other ☐ _____	D.B.A. NAME (if any)

STREET ADDRESS (street address of this office)

MAILING ADDRESS (if different)

E-MAIL ADDRESSES		
1.	2.	3.

DATE AGENCY ESTABLISHED	HOW LONG UNDER CURRENT OWNERSHIP?	TAX I.D. #

PHONE NUMBER (including area code)	FAX NUMBER (including area code)

PRIMARY AGENCY CONTACT	(extension)	OTHER CONTACTS	(extension)

PRINCIPAL AGENTS	LICENSE #
1.	
2.	
3.	

CURRENT VOLUME OF PREMIUM				
Annual Premium Volume ($)	Annual Number of Policies	Average Premium ($)	% Financed	Total # of Producers

MAJOR APPOINTMENTS	Address/Phone	Admitted or Surplus	Commission %
1			
2.			
3.			
4.			

Note: For automatic EFT withdrawals, please fill out separate ACH application			
BANK NAME & LOCATION	ACCOUNT NUMBER	CONTACT OFFICER	PHONE NUMBER
Trust Account Bank			
Checking			
Savings			

LEGAL AND/OR REGULATORY ACTIONS

List below any prior or existing legal actions (civil or criminal), litigation, bankruptcy, Judgments or Regulatory Action against you and or your Agency, its owners or any affiliate companies for the past 3 years (if none, indicate "NONE")

Issues/Parties
Result

E&O COVERAGE

Company	Policy Number	Amount Per Occurrence	Amount Cumulative

STATEMENT OF ACCURACY

By signing below, II/we certify that the information submitted is complete, accurate and not misleading, nor are there any material omissions.

AUTHORIZATION TO OBTAIN INFORMATION

I/We hereby authorize Standard Premium Finance Management Corporation or its assigns to verify the accuracy of the information contained in the information provided and to obtain business, as well as personal information regarding credit history from banks, creditors, credit reporting companies and references listed on this application. Such information, along with this application, shall remain the property of SPFMC. This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with SPFMC. A photocopy of the Authorization wil be as valid as the original. Notice: If your application is denied, you have the right to a statement of the specific reasons for denial. Please contact Standard Premium Finance Management Corporation in writing within 60 days from the date you are notified of the credit decision. A written statement of reasons for denial will be provided within 30 days of receiving your request.

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX MARITAL STATUS, AGE; BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THE CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20581.

NAME & ADDRESS OF AGENCY OWNER(S)	SS #
Name 1	SS #
Address	
Signature	
Name 2	SS #
Address	
Signature	

Note: All parties who are principals in the agency greater than 15% must sign this form.

Submit Form