

Cornerstone Premium Finance Company
Agent/Broker Profile
Fax to: (570) 655-9031

Agency Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Accounting Manager: _____ Accounting Email: _____

Agency Contact: _____ Contact Email: _____

Principal's Name: _____ Years in Business: ____ # of Employees: ____ # of Producers: ____

% Ownership: ____ Ind. License #: _____ Est. Total Annual Premiums \$: _____

If Sole Proprietor, Partnership, or LLC, please provide SSN: _____ Est. Annual Finance Volume \$: _____

Principal's Name: _____ Est. Annual # of Contracts Financed: _____

% Ownership: ____ Ind. License #: _____ Current Finance Vendor: _____

If Sole Proprietor, Partnership, or LLC, please provide SSN: _____ Primary Business (must equal 100%) ____ % Comm. ____ % Personal

Agency License Number: _____ Class of Business/Specialization (If none, write generalist): _____

Does your agency do business with any Carrier/Managing General Agent in which you have over 5% ownership? Yes No

If Yes, please state the name of the company in which you have over 5% ownership: _____

ELECTRONIC NOTICE SELECTION (Choose One)

- By checking this box and signing below, you understand that you OPT IN to receive electronic notices from Cornerstone Premium Finance. You knowingly and voluntarily give up and waive all rights to receive written notices delivered by U.S. Mail and agree that receipt of said notices delivered by electronic transmission satisfies any legal notice requirements. Consent to receive electronic notices may be withdrawn in writing at any time.
- By checking this box and signing below, you understand that you OPT OUT of receiving electronic notices. You will only receive notices from Cornerstone Premium Finance Company in written form delivered via U.S. mail.

Market References

Full Name of Company/General Agent	City	State	Direct Phone	Direct Contact

CERTIFICATION: This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Ameris Bank (the "Creditor") in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. The Creditor is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). The undersigned declares that he/she has read and understands the statements above.

AUTHORIZED SIGNER: _____ TITLE: _____ DATE: _____

AUTHORIZED SIGNER: _____ TITLE: _____ DATE: _____

• • • **Please include Copy of Agency & Producer State license, W-9, & Errors & Omission** • • •