



# Become a Celina Agent

## Preliminary Application

Agency Name \_\_\_\_\_  
 Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Business Type:  Corporation  Partnership  Sole Proprietor  
 Contact Person \_\_\_\_\_

### Standard P&C Companies Represented

Name	P&C Premium	3 Year Loss Ratio
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

### Nonstandard P&C Companies Represented

Name	P&C Premium	3 Year Loss Ratio
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

### List Top Two Companies

Personal Lines	Commercial Lines	Farm
_____	_____	_____
_____	_____	_____

### Companies Terminated in the Last 3 Years

Company	Year	Reason
_____	_____	_____
_____	_____	_____

Describe Agency Automation System (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why are you interested in Celina Insurance Group? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Brief Company History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Person Completing Application \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_