

PO Box 100, Monticello IN 47960 Phone: 877-498-6900 Fax: 866-763-6576 Email:thom@tcbip.com

Agent Information Sheet and Terms of Credit

GENERAL INFORMATION

Agency Name:
Address:
City:
State:
Zip:
Telephone Number:
Website:
Accounting Contact:
Accounting Email:

LICENSING INFORMATION

Please list State Licenses and License Numbers (or attached list)

Name	State	License #	Surplus Lines (Yes/No)

TERMS OF CREDIT

TCB Insurance Programs is happy to extend credit to your Agency as a part of doing business. We are not extending that credit to your customers. We expect to get paid, in a timely fashion, based on the terms of our invoices.

Please collect the proper down payment prior to requesting coverage binding. Once coverage is bound, your Agency is responsible for the earned premium and all fully earned fees. This obligation is not subject to you collecting the money from your customer.

Your request to bind a risk is your acceptance of these terms.

Form Completed by:

Position:

Date: