



2535 Landmark Drive  
Suite 102  
Clearwater, FL 33761

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### Agency Application

**The following items are required to appoint your agency with Leo Risk Services, Inc.**

- The following application must be completed and returned with the Brokerage Agreement.
- Copy of your Errors & Omissions policy declaration page with minimum limits of at least \$1,000,000.
- Copy of all State’s General Lines & Surplus Lines License(s) held by your Agency.
- List of all licensed employees who transact Insurance.

Date Completed: \_\_\_\_\_ Federal Identification Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: (List name and address if more than one location)

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Principle Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Producers: \_\_\_\_\_

Property/Casualty Volume: Indicate “P” for premium volume or “R” for revenue

\_\_ \$0-\$5M \_\_ \$5-\$10M \_\_ \$11-\$20M \_\_ \$21-30M \_\_ \$31-\$50M \_\_ \$51-\$75M \_\_ \$76-\$100M \_\_ Over \$100M

List the State(s) your Agency holds a Resident &/or Non Residential General Lines License:

\_\_\_\_\_

List the State(s) your Agency holds a Resident &/or Non Residential Surplus-Lines License:

\_\_\_\_\_

List the top 3 admitted Carriers you are currently appointed with:

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Title