



AGENCY CONTRACT SUBMISSION FORM

1. Title Agency Name:

\_\_\_\_\_
(DBA not required if any)

Firm ID No: \_\_\_\_\_ License Number: \_\_\_\_\_

2. Purpose of this submission; check the appropriate box(s).

A. New Agent

B. Addition of Underwriter

C. County Change

Addition or  Deletion of: \_\_\_\_\_ county(s)
County Name

D. Change in Agent Name

E. Change in Agent Ownership

F. Renewal Contract

Other: \_\_\_\_\_

3. Is this submission pursuant to a change in ownership?  Yes  No

If "Yes", Date of Transfer: \_\_\_\_\_

Have the new owners agreed to furnish the Texas Department of Insurance with an escrow audit report covering the period between the last fiscal year end and the date to transfer?  Yes  No

Have the new owners agreed to furnish the Texas Department of Insurance with a Statistical Report(s) with due, covering the period between the last submitted report and the date of transfer?  Yes  No

4. Insurance Company Name: \_\_\_\_\_ License #: \_\_\_\_\_

Insurance Company Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Number and Name

\_\_\_\_\_
City

\_\_\_\_\_
State

\_\_\_\_\_
Zip Code

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Do you give TDI affirmative consent to release the email address listed directly above with any other parties listed on this application?  Yes  No

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date