



AGENCY AGREEMENT

AGENCY OVERVIEW:

Agency Name:

Address:

Agency Telephone Number:

Agency Fax Number:

Agency Website Address:

Name of WYO Carriers:

Agency Tax ID Number:

Confirmation that agency has at least \$1,000,000 E&O Coverage: YES or NO (circle one)

CONTACT PERSON(S)

Contact Person:

Contact Person Title:

Contact Person Telephone Number:

Contact Person Email Address:

To the best of my knowledge and belief the information provided is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that completing this agreement does not complete the agreement. We will respond confirming the appointment.

AGENCY MANAGER / PRINCIPAL NAME _____

AGENCY MANAGER / PRINCIPAL TITLE _____

AGENCY MANAGER / PRINCIPAL
SIGNATURE _____

DATE _____

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