



CORNERSTONE
Finance Company

A Missouri Corp.

Serving Your Premium Finance Needs.

Agent Application

Please fax this application back to (573) 817-1711.

NAME OF AGENCY/BROKER			
Principal / Owner Name		SSN:	
Primary Contact at Agency / Broker		Title	
Physical Address			
Mailing Address (if different from above)			
City		State	Zip Code
Telephone	()	Fax Number	()
Years in Business (Agency)		E-Mail Address	
Federal / Tax ID #		Agency License #	

** Please include a copy of your agency license when submitting this application back to us.*

TOTAL WRITTEN PREMIUM	\$	ESTIMATED ANNUAL PREMIUM FINANCE VOLUME	\$
Average Size Premium (Financed)	\$	Number of Producers	
Primary Lines of business being financed (I.e. Garage Liability, Prof Liability, etc.)	1.	2.	

PRIMARY INSURANCE COMPANY AND GENERAL AGENT REFERENCES			
(1) Company Name		Contact	
Address / City / State		Phone Number ()	
(2) Company Name		Contact	
Address / City / State		Phone Number ()	
(3) Company Name		Contact	
Address / City / State		Phone Number ()	
(4) Company Name		Contact	
Address / City / State		Phone Number ()	

If necessary please attach a separate listing for additional company references.

BANK REFERENCE			
Bank Name		Address	
City		State	Zip Code
Bank Contact		Phone Number	
Account Number			

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION CONTAINED HEREIN TO BE TRUE AND CORRECT. MY SIGNATURE ALSO AUTHORIZES CORNERSTONE FINANCE OR ANY AFFILIATED COMPANY TO RUN A CREDIT REPORT AND TO GAIN ANY NECESSARY REFERENCE INFORMATION ABOUT THIS AGENCY/BROKER OR ME FROM THE REFERENCES LISTED ABOVE AND TO OBTAIN FURTHER INFORMATION CONCERNING ANY STATEMENTS MADE FROM ANY SOURCE.

Name		Title		Date	
Signature					