

Country Living Insurance  
PO Box 532 / 1734 South Hwy 53  
Poplarville, MS 39470  
601-795-6711 Phone  
800-831-1438 Toll-Free Phone  
888-795-6711 Toll-Free Fax

## Subproducer Application

### General Information

Agency Name \_\_\_\_\_  
Agency Web Address \_\_\_\_\_  
Agency License # \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_  
Years in Business \_\_\_\_\_  
# of Employees(excluding owners) \_\_\_\_\_  
Agency Total Premium \_\_\_\_\_  
Agency Loss Ratio \_\_\_\_\_

### Errors and Omissions Coverage

Current Carrier \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Limits \_\_\_\_\_

Has your agency ever had to pay an E&O claim? \_\_\_\_\_

### Membership in Insurance Organizations

Are you a member of any of the following organizations?

\_\_\_ "Big I"  
\_\_\_ PIA  
\_\_\_ NAPSLO  
\_\_\_ Other? \_\_\_\_\_

### Agency Owners

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_

### Agency Contact

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Office Number & Extension \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Preferred Method of Contact \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Location Address \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Drivers License # \_\_\_\_\_

### Licenses

Check any licenses you hold. (If LA or AR, must have non-residence MS license)

\_\_\_ MS  
\_\_\_ LA  
\_\_\_ AR

**\*\* PLEASE FAX OR MAIL THIS APPLICATION, WITH A COPY OF YOUR CURRENT LICENSE AND E&O DECLARATION PAGE to Attn: Billie. \*\***