



# Territory/Associate Agency Owner Application

## PERSONAL INFORMATION

NAME (LAST, FIRST MI.)		STREET ADDRESS	
CITY, STATE, ZIP CODE		HOME PHONE NUMBER (     )	
E-MAIL ADDRESS		FAX NUMBER (     )	
BIRTH DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (XXX-XX-XXXX)	DRIVER'S LICENSE NUMBER AND STATE	INSURANCE LICENSE NUMBER (IF APPLICABLE)

## PROFESSIONAL BACKGROUND

CURRENT OCCUPATION / TITLE	LENGTH OF EMPLOYMENT	SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF COMPANY	BUSINESS PHONE NUMBER (     )	
ADDRESS		
CITY, STATE, ZIP CODE		

BRIEFLY REVIEW YOUR LAST 5 YEARS OF EMPLOYMENT

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## EDUCATION

SCHOOLS ATTENDED	YEARS ATTENDED	DEGREE ATTAINED

## PERSONAL REFERENCES

## PROFESSIONAL REFERENCES

NAME & RELATIONSHIP	PHONE NUMBER	NAME & TITLE	PHONE NUMBER
	(     )		(     )
	(     )		(     )

## FINANCIAL INFORMATION

WHAT IS YOUR CURRENT BALANCE OF LIQUEFIABLE ASSETS? \$	WHAT IS YOUR CURRENT NET WORTH? \$
WHAT IS THE NET WORTH OF YOUR CURRENT CORPORATION, IF APPLICABLE? \$	WHAT IS YOUR CURRENT ACCESS TO CAPITAL AVAILABLE FOR THIS VENTURE? \$

## QUESTIONNAIRE

FOR THIS SECTION, ATTACH A SEPARATE SHEET IF NECESSARY

HOW DID YOU HEAR ABOUT BRIGHTWAY INSURANCE?

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WHAT BROUGHT ABOUT YOUR INTEREST IN INSURANCE?

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HAVE YOU OWNED YOUR OWN BUSINESS PREVIOUSLY? IF SO, EXPLAIN.

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WHY DO YOU BELIEVE YOU WILL BE SUCCESSFUL WITH US?

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HOW ARE YOU INVOLVED IN THE COMMUNITY?

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WHAT ACTIVITIES ARE OF INTEREST TO YOU?

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IF YOU WERE AWARDED A FRANCHISE, WHAT WOULD BE YOUR IDEAL TIMELINE TO OPEN A STOREFRONT?

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## BACKGROUND INFORMATION

Have you ever been convicted of any offense other than minor traffic violations?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, explain: <hr/> <hr/>
Have you ever declared personal bankruptcy?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, explain: <hr/> <hr/>
Have you ever been or are you now a party to any lawsuit?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, explain: <hr/> <hr/>

*By signing below, I warrant that all of the information submitted in connection with this Application is true and accurate as of the date below; and, I agree to notify Brightway Insurance of any material change in my personal, business or financial status while this Application is pending. I understand that this Application does not constitute an offer by Brightway Insurance to purchase neither a Territory nor Associate Agency Office and that this information is being provided to Brightway Insurance solely for the purpose of evaluating my personal, professional and financial qualifications. I consent to and acknowledge that in addition to any information provided by me, Brightway Insurance may obtain and exchange background information relating to my personal and business records, including but not limited to my credit, tax, litigation, property, corporate, criminal and driving records.*

SIGNATURE	DATE
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*Upon completion, please fax this form and any other supporting documentation to **904-208-6687**.*