



Milton O. Johnston and Company

INSURANCE

POST OFFICE BOX 680105

HOUSTON, TEXAS 77268-0105

(281) 444-5167

(800) 940-4889

FAX (281) 444-4642

AGENT/AGENCY INFORMATION RECORD

Legal Name of Agency: _____
Corp. ___ Partnership ___ Individual ___ Other ___

Names of Owners & Percentage Owned:

Name	Title	Share
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year Business Established: _____ Fed Tax ID # _____
SSAN # _____

Physical Address: _____

Mailing Address: _____

Telephone Business: _____ FAX _____

Is Agency engaged in any other business: _____ If yes, PLEASE
explain _____

Name & Address of E & O Carrier: _____

Policy Number: _____ Exp Date: _____

Name & Address of Bank(s), Account Name & Number for Agency Business Account(s)

_____	_____	Acct# _____
_____	_____	Acc# _____
_____	_____	Acc# _____
_____	_____	Acc# _____

List Companies & General Agents you are currently representing and estimated Volume:

Name	Volume
_____	_____
_____	_____
_____	_____

Has Any Company or General Agent Cancelled your appointment? _____ If
yes When and Name _____

Agent (applicant's) Full Name: _____

(First) (Middle) (Last)

Local Recording Agent's License File No. _____

License No. _____ Exp Date _____

Drivers License Number _____ State _____ Exp Date _____

Date of Birth _____ SSAN: _____

Spouse Name: _____ SSAN: _____

(First) (Maiden)

Residence Address: _____

Telephone: _____ Own _____ Rent _____

Previous Address if less than 5 yrs: _____

If you resided out of State of Texas within past (10) years give last out of state address:

Have you ever filed Bankruptcy? ___ Yes ___ No If yes, provide date and location:

Have you been or are you now the defendant in a civil Law Suit? ___ Yes ___ No
if yes provide date & Place where filed _____

(Provide on separate sheet if necessary)

Credit References:

_____ Acct No. _____
_____ Acct No. _____
_____ Acct No. _____
_____ Acct No. _____

RELEASE & AUTHORIZATION

"I, _____, hereby authorize the release of information as maybe requested pursuant to
(Print Name)

an "Investigative Consumer Report" and/or "Consumer Credit Bureau Report", in accordance with the provisions of Title
15, U. S. Code 1681, Section 1681.6.

(Signature) (Date)

I, _____, further authorize other Markete which I represent or have represented in the past, to release any and all information as may
be requested by the Company.

(Signature) (Date)