



2189 West 60<sup>th</sup> Street  
 Suite 205  
 Hialeah, Florida 33016  
 PH: (305) 556 4282 FX: (305) 821-3376

## Client Profile & Agency Application

Please complete the information below, print and fax the signed form to us at (305) 821-3376 or email us at info@dabpremiumfinance.com. Upon receipt, DAB will open a business profile in our system which will allow us to establish a business relationship with your agency.

Note: Please include a copy of your agency and producer license when submitting this application.

Agency Information		
Legal Name of Agency:		
DBA Name (If Different):		
Physical Address:		
City:	State:	Zip Code:
Mailing Address (If Different):		
City:	State:	Zip Code:
Telephone:	Fax:	
E-mail:		
Primary Contact Person:		
Type of Business: <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Federal Tax ID#:		Agency License #:
E & O Coverage (Attach Copy of Policy)		
Company:		
Policy #:	Expiration Date:	
Bank References and ACH Details (not require)		
Name of Bank:		
Address		
City	State	Zip Code
Phone #:	Fax #:	
Contact Person:		
Account #:	ABA (Routing): #:	

## Agreement

I (we) acknowledge this information as true and correct. I (we) hereby authorize DAB Premium Finance LLC ("DAB") to verify any information from the references listed above and to obtain any business and personal credit information.

I (we) hereby authorize DAB to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries made in error to the Agency's account indicated above and the depository named above, hereinafter called DEPOSITORY to credit and/or debit the same to such account. The authority is to remain in full force until DAB has received written notification of termination of authorization in such time and in such manner as to afford DAB and DEPOSITORY a reasonable opportunity to act on it.

The undersigned represents to DAB that the above information is accurate and that it will notify DAB immediately of any changes. The undersigned acknowledges that DAB is entering into a business relationship with the above-named agency ("Agency") in reliance of these representations. The undersigned warrant(s) that the Agency will not be sold, transferred or otherwise liquidated until all liabilities to DAB have been satisfied. The undersigned, for and in consideration of DAB extending credit at his/her request to the Agency, hereby jointly and severally, personally guarantee(s) to DAB, its successors and



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assigns, the payment of any and all obligations of the Agency including the payment for any additional premiums and/or the payment of any modifications required by the Insurance company for any reason whatsoever subsequent to the date of this agreement which shall not relieve the borrower or the Agency of any obligations hereunder. The undersigned hereby agrees to bind him/herself to pay DAB on demand any sum which may become due to DAB by the Agency whenever the Agency shall fail to pay the same. It is understood that this guaranty shall be a general, continuing, unconditional and irrevocable guaranty and indemnity for such indebtedness of the Agency. The undersigned hereby warrant(s) that any information provided to DAB on behalf of an insured seeking to obtain premium financing for an insurance policy issued and/or sold by Agency is true and correct to the best of its knowledge. The undersigned hereby accepts the obligation to obtain the authorized signature of the Insured on the contract submitted electronically or by fax to DAB for financing and to forward the ORIGINAL of the contract by mail, within 48 hours to DAB.

Agency understands that DAB retains the right to cancel or deny payment, at DAB's option, of the corresponding draft if the same has not been timely received by DAB. Agency shall be liable for any loss up to the amount financed plus interest due and collection costs suffered by DAB if due to Agency's representations and/or certifications of information contained herein of statements made by producer and/or borrower. In the event that DAB engages attorneys to collect any amounts due, Agency and the undersigned agree to pay all costs of collection, including reasonable attorney's fees, court costs and other collection costs incurred by DAB in recovering amounts due from the agent or broker in connection with any breach of the Agent/Broker representations and warranties and to indemnify DAB for any and all losses DAB incurs as a result of any error committed by the Agent/Broker in completing or failing to complete any portion of this agreement. **THE AGENCY ACKNOWLEDGES THAT IT IS NOT AN AUTHORIZED AGENT NOR REPRESENTATIVE OF DAB PREMIUM FINANCE LLC**

**GOVERNING LAW; SEVERABILITY:** This Agreement shall be governed by and construed in accordance with the laws of the State of Florida. Each party agrees that venue for any legal action filed or commenced by either party arising out of, connected with, or relating in any way to this Agreement and/or the relationship between the parties shall lie exclusively in the courts located in Miami-Dade County, Florida or the United States District Court for the Southern District of Florida in the State of Florida, U.S.A. Each party waives its right to a jury trial and hereby irrevocably submits and consents to the personal jurisdiction and exclusive venue of the aforementioned courts for any such legal action and waives lack of personal jurisdiction, improper venue or forum non conveniense as a defense to any such action. If any provision of this Agreement is determined by a tribunal of competent jurisdiction to be invalid or unenforceable, that provision shall be deemed severed from the remainder of the Agreement and the remaining provisions of this Agreement shall continue in full force and effect.

**Note: All parties who are principals in the agency greater than 15.0% must sign this form.**

Name & Address Of Principals Of The Company (Attach additional pages if necessary)		
Name of Owner:	Title:	
Address:		
City:	State:	Zip Code:
SSN#:	License #:	
SIGNATURE (Required)		Date:
Name of Owner (if multiple):	Title:	
Address:		
City:	State:	Zip Code:
SSN#:	License #:	
SIGNATURE (Required)		Date: