THUM INSURANCE™

Company Profile

1. Company Name: _____

2. Owner Name: _____

3. Contact Name: _____ Contact Email: _____

4. Mailing Address: _____

5. City:_____ County: _____ State:_____ Zip: _____

6. Phone: _____ Fax: _____

7. Company Email: _____ FEIN: _____

8. Please list any additional Locations/Branches
   Name (if different from above) and Address (include city, state and zip code)

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9. Are these offices under the direct control of your company? ☐ Yes ☐ No
9a. (If no, please attach full details)

10. Operating as ☐ Individual ☐ Partnership ☐ Corporation

11. Date Business Established: _____

12. List employees holding any state license who will be soliciting this program. Attach an additional sheet if necessary. **(Please attach copies of their licenses.)**

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13. Please attach full explanations on a separate sheet for any "Yes" answers to the following questions:

A. Has any employee listed above ever had a license revoked or suspended? **[ ] Yes [ ] No**
B. Has any employee listed above been subjected to adverse administrative action against any professional licensure in any state or the Federal Government? **[ ] Yes [ ] No**
C. Are there currently pending any adverse administrative actions or investigations against any employee's professional License(s) in any state or Federal Government? **[ ] Yes [ ] No**
D. Has any employee listed above ever been found guilty, pled guilty, or pled no contest in any state or Federal court system to any felony or other crime punishable by one or more years in prison? **[ ] Yes [ ] No**
E. Are there any such criminal charges pending anywhere against above-listed employee(s)? **[ ] Yes [ ] No**
F. Has Company or Employee listed above ever sought or obtained Federal Bankruptcy protection? **[ ] Yes [ ] No**
G. Are there any final civil courts judgments outstanding against any above listed Employee or any business of which Employee(s) was an officer, director, partner, or owner? **[ ] Yes [ ] No**

14. List States in which you are licensed. **(Please attach a copy of each License.)**

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15. Company Premium Volume: _____

16. Percentage of Company Funding: Commercial: _____ Personal: _____

I certify that all the above answers are true, and correct to the best of my knowledge.

Signed _____ Date _____

Print Name _____

Title or Position with Agency _____

Print Form