

Agency Data Report

1. Agency Name: _____

Address: _____

Federal ID # _____

Telephone: Business _____ Home _____

Email Addresses: Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

2. Agency Principals

Name/Title: _____

Address: _____

SS # _____ Birth Date: _____

Name/Title: _____

Address: _____

SS # _____ Birth Date: _____

Name/Title: _____

Address: _____

SS # _____ Birth Date: _____

3. Principal Products sold by the agency:

a. Vehicle Service Contracts:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

b. Gap:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

c. Tire & Wheel:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

d. Vehicle Security/Theft Products:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

Appearance Products:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

Prepaid Maintenance:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

Dent & Ding:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

Key:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

Menu Systems:

Source(s): _____

How long/ Sales Volume/Number of Dealers Enrolled: _____

4. Licenses held/State/Expiration: _____

5. Why are you interested in Representing CareGard Warranty Services?

6. In which states do you propose to solicit CareGard's programs?

7. Is there any profit participation in your current program? _____

If 'yes' by dealer? _____

By you? _____

Type? _____

8. How do you currently remit dealer cost?

_____ From Agent to administrator/insurance carrier

_____ From Dealer to administrator/insurance carrier

_____ Other (specify) _____

9. How long has your agency been in business? _____ If less than 5 years, please list previous background. _____

10. Have you ever had an insurance license revoked or suspended? _____

If "yes" please explain: _____

11. Do you have pending or have you had a lawsuit with any insurer, supplier or account? _____

If "yes" please explain: _____

12. Has your agency or any of its principals ever filed for protection or been adjudicated under any Federal, State or Local Bankruptcy Laws/Acts? _____ If "yes" please explain: _____

13. Has your agency or any of its principals had a receiver appointed for it? _____ If "yes" please explain: _____

14. List all of the principals or owners, subagents or employees of the agency who will solicit or service the CareGard program include length of employment & contact information:

15. Will you provide financial information? _____ If "no" please explain: _____

I understand and agree that CareGard Warranty Services, Inc may conduct a background check on the agency, the principals or owners and its employees and subagents. The agency represents and warrants that the information submitted herein is true, correct and complete in all material respects and is submitted for the purpose of evaluating the prospective agent's qualifications to become an agent of CareGard Warranty Services, Inc.

Date

Signature

