



**Group Name:**      **Independent Market Solutions (IMS)**

1) Agency Name: \_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

3) Physical Location: \_\_\_\_\_

\_\_\_\_\_

4) Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

5) Agency Type: **\*Check one\***  Individual  Sole Proprietor  Corp  LLC  Partnership  
 Other \_\_\_\_\_

6) List Tax ID # or Social Security # you wish to be paid under: \_\_\_\_\_

7) Agency's Contact Person: \_\_\_\_\_

8) Agency's Contact Person Email Address: \_\_\_\_\_

9) Number of new apps. you will commit to Dairyland **monthly**? Non-Standard Auto \_\_\_\_ Motorcycle \_\_\_\_

10) Agency Principals (if not listed as an agent include NPN, date of birth and resident address):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

11) Accounting Person Name: \_\_\_\_\_

12) Accounting Person Email Address: \_\_\_\_\_

13) Accounting Person Access to Online Commission Statements:  Yes  No

