

Applicant Questionnaire

About the Applicant:

Name: _____ Email: _____ Cell Phone: _____

How many years of sales/management experience do you have? _____

How many years insurance experience do you have? _____ How many with Allstate? _____

Please list the states in which you are licensed **and** your license #s: _____

Are you life insurance licensed? _____ Are you Series 6-63 licensed? _____

Who is your Market Sales Leader? _____ Email: _____

Phone: _____

Please complete the following if you currently own an Allstate agency (Please photocopy and attach a separate sheet for each agency owned):

Legal Name of Agency: _____

Legal Form of Agency (corporation, dba, etc.): _____

Current Agency Address: _____
Street City State Zip

Current Rental Rate: \$ _____ Telephone: _____
Business Phone Business Fax

Do you plan to relocate the agency? _____ Anticipated agency relocation date: _____

Relocation Address: _____
Street City State Zip

Phone/Fax: _____
Office Phone Office Fax

Please list all of your Allstate Agent #s and corresponding R3001 Contract dates: _____

Year agency was established: _____ Length of your ownership: _____

Do you have any debt on your agency? _____ Please list all lenders and amounts owed: _____

How many licensed staff do you employ? _____ How many unlicensed staff? _____

Please complete the following if you have acquired another book of business in the past 3 years.

(If more than one book of business has been acquired, please photocopy and fill out a separate sheet for each agency acquired):

Seller's Name: _____

Legal Name of Agency: _____

Legal Form of Agency (corporation, dba, etc.): _____

Purchased Agency Address:

Street City State Zip

Was the agency merged into your agency? _____ If so, does it have a separate agent#? _____

Purchase price of agency: _____ Date the book was transferred: _____

Amount financed: _____ Interest rate on the loan : _____

Monthly payment: _____ Number of months on the loan: _____

Collateral provided: _____

When was the agency established? _____ How long had the seller owned it? _____

Please complete the following section regarding the agency you are purchasing.

Do you plan to relocate the agency? _____ Anticipated agency relocation date: _____

Phone/Fax: _____
Office Phone Office Fax

Relocation Address: _____
Street City State Zip Please

list all staff members being retained by applicant and their positions: _____

Anticipated sale date: _____

Applicant's Affirmation: I hereby certify that the above information is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____