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Independent Carriers Application

Broker Information

1. Name of Broker: _____
2. Email address: _____
3. Fax number: _____
4. Billing Address: _____

Applicant Information

5. Name of Insured: _____
6. Mailing Address of Insured: _____
7. Please provide details of any claims the past 6 years: _____

8. Area of Coverage (District, Region & Radius): _____
9. Company distributed for & product: _____

10. Contract number: _____
11. Area of coverage (district, region & radius) _____
12. Number of employees: _____
13. Make & model of vehicle used: _____
14. Policy Dates: From: _____ To: _____

15. Please fill in the desired coverage.

Coverage	Amount of Insurance	Deductible	Premium
Commercial General Liability		\$1,000 PD Deductible	
Cargo		\$1,000 Deductible	
Property Consequential Loss		\$250 Deductible	
In/Out Crime Coverage			
Policy Fee			\$125.00
Total Premium			

Signature of Agent/Broker: _____ Date: _____

All Agile programs are agency bill, feel free to set your client up on any plans your office offers and be sure to pay your statement of account by the 15th of the month. Please note: Policy not bound until you receive confirmation.