



ARM Associated Risk Managers
of Mid America, Inc.

kansas | missouri | oklahoma | texas

General Information	
Agency Name	Phone
Mailing Address	Email Address
Office Location	Website

Agency Profile	
Year Established	Total No. of Employees
Agency Principal(s)	_____ CSRs _____ Producers _____ Other
Total Premium Volume	_____ % PL _____ % CL _____ % L&H _____ % Standard _____ % E&S
Premium Finance Companies 1. 2.	Total Annual Premiums Financed 1. 2.
Top 3 Personal Lines Carriers 1. 2. 3.	Total PL Volume 1. 2. 3.
Top 3 Commercial Lines Carriers 1. 2. 3.	Total CL Volume 1. 2. 3.
Top 3 E&S or General Agent/MGAs 1. 2. 3.	Total E&S Volume 1. 2. 3.

Is your agency a member of any other professional insurance organizations or group associations? Please list all that apply.

Does your agency specialize in any industry niches or program business?

What are your areas of market need, if any, that you would like to gain through membership?

How did you hear about ARM?

Personal Information	
Full Legal Name	Telephone Number
Email Address	Preferred Method of Contact
Home Address	Date of Birth
Social Security Number*	National Producer Number

Background Check Authorization

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize Associated Risk Managers of Mid-America, Inc. ("ARM) to investigate my background and qualifications for the purposes of evaluating eligibility for the membership for which I am applying. I understand that ARM will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of ARM's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Signature of Applicant

Date