

PROGRESSIVE CASUALTY INSURANCE COMPANY
(Herein after referred to as Progressive)

AGENCY INFORMATION FORM

I. AGENCY INFORMATION (Attach a copy of the *Resident Agency License and a copy of a **Non-Resident Agency License for each state in which the Agency will be producing business for Progressive.)

Business Legal Name _____

DBA _____

Federal I.D. No. _____

Agency Type: Corporation Partnership Sole Proprietor

(If Agency is an LLC, please select Corporation or Sole Proprietorship checkbox, depending on your tax status.)

Principal Business Address _____

Address, City, State, Zip Code

Mailing Address (if different than Principal Business Address) _____

Business Phone Number _____ Fax Number _____

Form Completed by _____

Name

Title

Email Address: _____

Date Completed _____

* All states require **Resident** Agency License except: IA, TN, VT, WI

All states require **Non-Resident Agency License except: IA, TN, VT, WI