



Agency Referral Form

Phone: (866)-977-2271

Fax: (269)-381-7920

Xpress Capital's mission is to support independent insurance agents by providing programs that increase revenue, build customer loyalty and increase your competitive differentiation; **all without any additional cost, obligation or extra effort.** As a proven and trusted resource Xpress Capital will assist your agency with an execution strategy that will produce immediate results. Offer Xpress Capital's turn-key business building programs along with **your** insurance products and watch your business grow!

To get started, complete and submit this no obligation referral form. You will then receive an email confirmation with your user name and password to allow access to our quoting system, and a referral code to track your rewards.

Agency Name _____

Mailing Street Address _____ Physical Street Address (if different) _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Name of Agency Principal(s) _____ Main Contact _____ Title _____ Main Contact Email _____

Years in Business _____ # of Agency Personnel _____ # of Licensed Producers _____

Fed Tax ID Number _____ Agency License Number _____

Annual Gross Written Premium \$ _____ Commercial Lines % _____ Personal Lines % _____

Annual Amount Financed \$ _____ Average Policy Size \$ _____ Current Premium Finance Company _____

Relationship Details (Please provide the following information on your most commonly used markets)

Insurance Company Phone Contact Insurance Company Phone Contact

MGA/GA Phone Contact MGA/GA Phone Contact

Referral Information: RANK YOUR LEVEL OF INTEREST IN THESE PROGRAMS (1 MOST - 5 LEAST)

___ Commercial Loans & Leasing ___ Insurance Premium Financing ___ Online Payroll & Tax Service
___ Employee & Customer Rewards Program ___ Innovative Business Advisors

I certify that the information on this form is correct. Authorized Signature _____

Office Use Only: Agent User Name: _____ Password: _____ Referral Code: _____