

9 Easy Steps

Applying for an Insurance Agency Loan from Capital Resources

Print this sheet and use as a checklist to take you through the loan application process.

- ___ 1. Complete the credit application in its entirety. (*Capital Resources cannot move forward on any application without a complete and signed credit application.*)
- ___ 2. Attach all supporting documents to your credit application that are listed, in detail, on page 3 of the application to include agency management reports and commission statements. (*Capital Resources **WILL NOT** move forward on any application without **ALL** supporting documents.*)
- ___ 3. Forward your complete credit application with attachments in an organized and presentable manner to:

Capital Resources
Attn: Underwriting
7960 W 135th Street - Suite 200
Overland Park, KS 66223
- ___ 4. Once your application has been received you will be contacted by one of our courteous representatives to address any questions they may have specific to your request.
 - a. During this step it may be necessary, if your transaction is an acquisition, to have questions answered directly by the seller of your targeted agency.
 - b. During this time it may also be necessary for an onsite visit by someone within our due diligence team to the agency being purchased.
- ___ 5. Once all questions have been addressed and your complete application has been reviewed our loan officers will then submit your transaction to our Loan Committee in a timely manner.
- ___ 6. Once a decision has been made by our Loan Committee you will be contacted by one of our representatives to be notified of your loan approval or denial.
- ___ 7. If your loan is approved then you will receive a formal letter of commitment detailing the basic terms and conditions of your loan.
- ___ 8. Provide an agency report of the most recent 12 months of commissions received broken down by month by carrier. Additionally, provide the most recent 12 months of commission statements of the top 5 carriers within each agency (this includes the agency being acquired as well as any existing agencies already owned by the applicant).
- ___ 9. Once we have received your loan documents then loan proceeds will be sent to the appropriate parties via wire transfer on the scheduled day of closing.



Phone: 913-469-1630 • Fax: 913-469-1635

7960 West 135th Street - Suite 200, Overland Park, KS 66223

E-mail: info@capitalresources.com URL: www.CapitalResources.com

Application for Credit - Independent Insurance Agency Program

Date of Application: _____

Entity Name (Exact Spelling/Punctuation): _____

Entity Type: _____ State of Organization: _____

Tax Identification Number: _____ Business Phone: (_____) _____ - _____

Business Address: _____ Business Fax: (_____) _____ - _____

City: _____ State: _____ ZIP: _____ County: _____

Individual(s) with 5% or more interest in the above entity: (attach separate sheet if necessary)

Individual #1 Name: _____ Position/Title: _____

Social Security Number: _____ - _____ - _____ Home Phone: (_____) _____ - _____

E-mail Address: _____ Birth date: _____

Driver's License #: _____ State of Issuance: _____

Home Address: _____ Ownership Percentage: _____

City: _____ State: _____ ZIP: _____ County: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Individual # 2 Name: _____ Position/Title: _____

Social Security Number: _____ - _____ - _____ Home Phone: (_____) _____ - _____

E-mail Address: _____ Birth date: _____

Driver's License #: _____ State of Issuance: _____

Home Address: _____ Ownership Percentage: _____

City: _____ State: _____ ZIP: _____ County: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Individual # 3 Name: _____ Position/Title: _____
 Social Security Number: _____ - _____ - _____ Home Phone: (_____) _____ - _____
 E-mail Address: _____ Birth date: _____
 Driver's License #: _____ State of Issuance: _____
 Home Address: _____ Ownership Percentage: _____
 City: _____ State: _____ ZIP: _____ County: _____
 Work Phone: (_____) _____ - _____ Cell Phone: : (_____) _____ - _____

Individual # 4 Name: _____ Position/Title: _____
 Social Security Number: _____ - _____ - _____ Home Phone: (_____) _____ - _____
 E-mail Address: _____ Birth date: _____
 Driver's License #: _____ State of Issuance: _____
 Home Address: _____ Ownership Percentage: _____
 City: _____ State: _____ ZIP: _____ County: _____
 Work Phone: (_____) _____ - _____ Cell Phone: : (_____) _____ - _____

Desired Loan Information:

Loan Purpose: _____
 Proposed Loan Origination Date: _____ **Requested Loan Amount: \$ _____
 **Proposed Down Payment if applicable: _____ Requested Loan Term: _____
 Source of Down Payment (specify % of cash, IRA, stocks, etc): _____

If this is a refinance request, please list payee(s) and approximate amount owed:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Proposed Collateral (agency business, real estate, etc):

If proposed collateral is business being acquired then:

Annual Revenues: \$ _____ Purchase Price: \$ _____

Business Street Address: _____

City: _____ State _____ Zip: _____ Years in Existence: _____

Why is seller selling the business (i.e. retirement, move): _____

What is the average tenure of staff within the agency: _____

How many producers are currently in the agency: _____

Will the producers be staying post transaction: _____

Personal - Auto		Commissions \$\$
Standard		
Non-Standard		
Personal - Property		
Homeowners		
Renters		
Condo		
Fire		
Recreational		
Commercial		
Primary Carrier Direct Bill		
Non-primary Carrier Direct Bill		
MGA Agency Bill		
Auto		
Life		
Health		
Total Commissions		

If proposed collateral is a business already owned by applicant then:

Annual Revenues: _____ Original Purchase Price: _____

Years in Existence: _____ Years of Ownership: _____

Business Street Address: _____

City: _____ State: _____ ZIP: _____

What is the average tenure of staff within the agency: _____

How many producers are currently in the agency: _____

Will the producers be staying post transaction: _____

Personal - Auto		Commissions \$\$
Standard		
Non-Standard		
Personal - Property		
Homeowners		
Renters		
Condo		
Fire		
Recreational		
Commercial		
Primary Carrier Direct Bill		
Non-primary Carrier Direct Bill		
MGA Agency Bill		
Auto		
Life		
Health		
Total Commissions		

Note: In addition to proposed collateral, lender will require a collateral assignment of a life insurance policy equal to the proposed loan amount.

If you are the current owner, how many years have you owned this business: _____

Estimated value of proposed collateral and method of valuation: _____

Is the proposed collateral currently encumbered: **Yes** or **No (circle one)**

If yes, name of the secured party and amt of debt: _____

How did you hear about Capital Resources: _____

In order to ensure timely response to your application, attach the documents listed below and submit with the completed and signed application via facsimile or mail to Capital Resources, LLC.

1. This completed form and signature of party authorizing loan request.
2. Provide the most recent 3 years federal income tax returns of selling/and or borrowing entity.
3. Provide the most recent 3 years financial statements (balance sheet and profit and loss) and most recent year to date balance sheet and profit and loss statements for selling/and or borrowing entity.
4. Articles of Organization/Incorporation and Operating Agreement/By-laws for entity Borrower.
5. For each individual with 5% or more ownership in borrowing entity, complete a personal financial statement and joint or individual personal status for EACH (refers to all individuals with 5% or more ownership in entity) forms A and B.
6. Provide the most recent 3 years federal income tax returns of each individual with 5% or more ownership in entity
7. Current resume with dates and cities of employment for each individual with 5% or more ownership in borrowing entity, please highlight industry experience
8. Provide the most recent 12 months commission reports, by carrier, for any/all agencies in question

Remainder of page left intentionally blank.

Signature Page Follows

SIGNATURES: I acknowledge that acceptance of this Credit Application should not be considered as a commitment by Capital Resources to extend credit and that I shall be notified of the approval or denial of the credit applied for herein by Capital Resources. I certify that the answers to the questions on this application and the information provided in connection therewith (including business and financial information, and that information contained in any attachments hereto) are true and complete. Permission is granted to Capital Resources, and/or its affiliates, to investigate my personal history (including criminal history, Executive Order 13224 and the US PATRIOT Act), business history, employment history, credit history, education and backgrounds, and authorize any school, former employer, reference, or other individual or entity to respond to such inquiries. This permission extends to any entities of which I am a principal or member of. Permission is also granted to provide information about me to Capital Resources, its affiliated companies, financiers, suppliers and professional consultants. I agree to hold harmless any person or entity which provides information to you from any claims, liability, damages or other amounts incurred as a result of doing so. I represent and warrant that neither I, nor any owner, affiliate, partner, director, officer or manger of an entity of which I am a principal or member of, nor any affiliate, parent, child or spouse of any individual applicant and/or guarantor (collectively for this paragraph, "Applicant") supports terrorism, provides money or financial services to terrorists, or is engaged in terrorism, is on the current U.S. government list of organizations that support terrorism, nor has engaged in or been convicted of fraud, corruption, bribery, money laundering, narcotics trafficking or other crimes, and all are eligible under applicable U.S. immigration laws to be in the U.S. and perform contracts in the U.S. Applicant further warrants and represents that applicant is not identified by a government or legal authority as a person with whom Capital Resources would be prohibited from transacting business and that Applicant will notify Capital Resources in writing immediately of the occurrence of any event that renders the foregoing representations and warranties incorrect. I understand and agree that any misrepresentation by me on this application or in the information provided in connection therewith, will result in cancellation of the application and that Capital Resources shall not be held liable in any respect if false statements or omissions made by me in this application or in the information provided in connection therewith are made. If I am approved for the loan requested hereby, I hereby agree to comply with all policies and procedures set forth in the loan documents executed by me in conjunction therewith.

Date: _____ **Signature of Applicant:** _____

Date: _____ **Signature of Joint Applicant:** _____
(If necessary)

Date: _____ **Signature of Joint Applicant:** _____
(If necessary)

Date: _____ **Signature of Joint Applicant:** _____
(If necessary)

Individual or Joint Credit

I/We are applying for \$ _____ on _____ with Capital Resources, LLC.
(*\$00.00*) (MMDDYY)

Please Check Applicable Box:

- () I am applying for individual credit in my own name and I am relying on my own income and assets and not the income asset of another person. As such, the attachments to this Credit Application reflect my income and assets only.
- () I am applying for individual credit and I am relying on my income or assets, as well as income or assets from other sources.
- () We are applying for joint credit.

Signature(s)

_____ Date _____

