



FRANCHISE APPLICATION

FRANCHISE LOCATION INFORMATION			
BUSINESS NAME (LLC, Corp)			
Tax ID#			
Office Address / Street			
City	County	State	Zip Code
Existing Business #		Existing Fax #	
Opening Date	Principal Agent		
Equity Interest Partner?	Name of Partner		
Type of Ownership	% Interest Owned		
Will you be rolling any existing Book of Business to WE Insure?			
FRANCHISEE INFORMATION – Principal Agent			
Name			
Home Address / Street			
City		State	Zip Code
Home #		Cell #	
DOB (MM/DD/YY)	Driver's License #		
Insurance License #	Social Security #		
Personal E-mail Address			
Emergency Contact Person		Phone #	
ADDITIONAL PRODUCERS – List any additional producers in your office.			
Type License	Name		
Insurance License #			
Type License	Name		
Insurance License #			
Type License	Name		

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Insurance License #	
PREVIOUS EMPLOYMENT	Self-Employed
Current Occupation / Title	Business Phone #
Company	
Address	
Length of Employment/Ownership	
Professional Experience – Please describe.	
REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES.	
Company	Relationship
Full Name	Phone
Address	
Company	Relationship
Full Name	Phone
Address	
Company	Relationship
Full Name	Phone
Address	

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ADDITIONAL INFORMATION
HAVE YOU OWNED YOUR OWN BUSINESS?
WHAT DO YOU BRING TO WE INSURE?
WHAT IS YOUR PRIMARY INTEREST IN JOINING THE "WE" TEAM?
WHAT SHOULD "WE" KNOW ABOUT YOU?
BACKGROUND QUESTIONS: EXPLAIN ALL "YES" RESPONSES, PROVIDE COMPLETE DETAILS AND ATTACH APPROPRIATE DOCUMENTS (e.g., Official Court Records) email to david.wilson@weinsuregroup.com
HAVE YOU EVER FILED FOR OR BEEN DISCHARGED FROM ANY BANKRUPTCY (INCLUDING PERSONAL BANKRUPTCY), INSOLVENCY OR ASSIGNMENT FOR THE BENEFIT OF CREDITORS WITH A FILING OR DISCHARGE DATE, WHICHEVER IS LATER, IN THE LAST FIVE (5) YEARS?
DO YOU HAVE DELINQUENT UNPAID DEBTS EXCEEDING, IN TOTAL, \$10,000? (ADD TOGETHER DELINQUENT: CONSUMER DEBT, TAX LIENS, LOANS, CHILD SUPPORT PAYMENTS, ALIMONY PAYMENTS, CIVIL JUDGMENTS, AND OTHER DELINQUENT DEBT.)
WITH THE EXCEPTION OF SITUATIONS SPECIFIC TO CONTINUING EDUCATION, HAVE YOU EVER BEEN THE SBUJECT OF AN ADMINISTRATIVE PROCEEDING REGARDING ANY PROFESSIONAL OR

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OCCUPATIONAL LICENSE THAT RESULTED IN DISCIPLINARY ACTION?

WITH THE EXCEPTION OF SITUATIONS SPECIFIC TO CONTINUING EDUCATION, HAS YOUR INSURANCE LICENSE EVER BEEN SUSPENDED BY, SUBJECT TO A CONSENT TO ORDER FROM, REVOKED BY, OR SURRENDERED TO, ANY REGULATORY AGENCY, OR HAVE YOU EVER BEEN FINED, PENALIZED, SANCTIONED OR SUBJECT TO ANY OTHER DISCIPLINARY ACTION BY A STATE OR FEDERAL REGULATORY AGENCY OR SELF-REGULATORY ORGANIZATION; OR ARE YOU CURRENTLY UNDER INVESTIGATION AS A RESULT OF YOUR ACTIVITIES IN THE BUSINESS OF INSURANCE, SECURITIES, BANKING, INVESTMENT BANKING OR REAL ESTATE?

HAVE YOU EVER HAD AN INSURANCE AGENCY CONTRACT OR ANY OTHER BUSINESS RELATIONSHIP WITH AN INSURANCE COMPANY TERMINATED FOR ANY ALLEGED MISCONDUCT?

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NO CONTEST TO, OR ARE YOU CURRENTLY CHARGED WITH OR UNDER INVESTIGATION FOR ANY MISDEMEANOR INVOLVING DISHONESTY OR BREACH OF TRUST OR ANY FELONY?

ARE YOU NOW THE SUBJECT OF ANY COMPLAINT, INVESTIGATION, OR PROCEEDING THAT COULD RESULT IN A "YES" ANSWER TO ANY OF THE PREVIOUS QUESTIONS?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a Franchise Contract, I understand that false or misleading information in my application or interview may result in termination.

Signature		Date	
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