



**Texas Department of Insurance**

Property & Casualty Title MC 106-2T  
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104  
512- 322-3482 telephone • 512-305-7426 fax • www.tdi.state.tx.us

TEXAS DEPARTMENT OF INSURANCE

**AGENT CONTRACT SUBMISSION FORM**

I. Full, exact Name of Agent:

\_\_\_\_\_  
\_\_\_\_\_

II. Purpose of this Submission:  
[check appropriate box(es)]

- A. New Agent
- B. Addition of Underwriter
- C. County Change  
addition/deletion of \_\_\_\_\_ county(ies)  
(county name)
- D. Change in Agent Name
- E. Change in Agent Ownership
- F. Renewal Contract
- G. Contract Amendment
- H. Other \_\_\_\_\_

III. Is this submission pursuant to a change in ownership?  YES  NO

If YES: Date of Transfer \_\_\_\_\_

Have the new owners agreed to furnish the Texas Department of Insurance with an escrow audit report covering the period between the last fiscal year-end and the date of transfer?  YES  NO

Have the new owners agreed to furnish the Texas Department of Insurance with a Statistical Report(s) when due, covering the period between the last submitted report and the date of transfer?  YES  NO

IV. Company name, individual name, address and telephone number of underwriter representative to be contacted regarding this submission:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date