



GOLD STANDARD
AUTOMOTIVE NETWORK

P.O. Box 1322, Draper, UT. 84020 Phone: 801-963-4653 Fax: 801-282-4051 www.GSANONLINE.com

Application For Agency and/or Agent Appointment

Date: \_\_\_\_\_

- 1. Name of Firm: \_\_\_\_\_
Principal Address: \_\_\_\_\_
Number of Years In Business: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
Firm is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Other Tax Payers ID#: \_\_\_\_\_

- 2. List States where you hold resident or a non-resident license and license number:
State Type of License License Number

Names & addresses of your parent & subsidiary operations and percentage owned (if applicable):

- 3. Name of each officer or partner and contact person with phone and email:

- 4. In the past five years, has the name of your firm changed? \_\_\_ yes \_\_\_ no

If yes, please explain: \_\_\_\_\_

- 5. In what geographic area is the firm's predominant volume generated? \_\_\_\_\_

- 6. Do you specialize in any specific classes of business: \_\_\_ yes \_\_\_ no

Please describe: \_\_\_\_\_

- 7. Do you carry E&O insurance: \_\_\_ yes \_\_\_ no. If yes, can you provide a certificate of coverage? \_\_\_\_\_

- 8. Has your firm or any of its owners, officers, or partners been subject to any state insurance or other regulatory bodies' disciplinary action? \_\_\_ yes \_\_\_ no.

- 9. Please provide your firms website and individual email and phone numbers of any person in your firm that will be using our products as an attachment to this application.

- GSAN retains the right to put multiple Agents/Agencies into any territory where GSAN feels production is down.
• If Agent/Agency has been terminated GSAN assumes all rights to all dealerships that have signed a GSAN dealer agreement and all commissions associated with said dealer(s).
• If a dealership becomes inactive for 90 days or longer, the dealership can be resigned/reassigned to a new agent.

I/WE HEREBY DECLARE that the above statements and specifics are true and that I/WE have not misstated or misrepresented any material facts.

Name of Firm: \_\_\_\_\_

Signature of officer, owner or partner of the above firm Print Name Title Date