



PRODUCER PROFILE

- 1. Full Legal Name of Producer: _____
- 2. Mailing Address _____
- 3. Physical Address: (if different) _____
- 4. Telephone: (____) _____ Facsimile: (____) _____
- 5. Additional Locations: _____
- 6. E-Mail Address: _____
- 7. Producer is: _____ An Individual _____ Partnership _____ A Corporation
Name of Owner(s) of Producer and percentage owned: _____ %
_____ %
Year Firm Established: _____ Federal ID# or Social Security #: _____
- 8. Producer's Property & Casualty License #: _____ Expiration Date: _____
(Attach Copy)
- 9. Is the Producer entity engaged in any other business? _____ Yes _____ No
If yes, give details: _____
- 10. List the top four Insurance Companies or General Agencies with whom you place most of your premium volume:
(1) _____ % Binding Authority _____ Yes _____ No
(2) _____ % Binding Authority _____ Yes _____ No
(3) _____ % Binding Authority _____ Yes _____ No
(4) _____ % Binding Authority _____ Yes _____ No

- 11. Approximate Total Annual Premium Volume \$ _____

12. (a) Do you have an E&O Policy? _____ Yes _____ No

(b) OPTIONAL:

(1) Attach copy of Declarations Page; or

(2) List:

E & O Insurance Carrier _____

Policy # _____ Exp. Date _____

Limit of Liability _____

13. Signature of Person Completing

this form for the Producer

Title

Date

So that we can work better together, please list your key in-house producers/CSR'S

| NAME | TITLE | TELEPHONE | E-MAIL ADDRESS |
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If there are additional employees, please indicate on a separate sheet of paper.