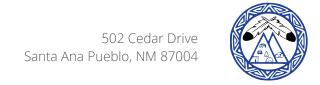


## **Producer Application**

| Contact Information:  |   |
|---|---|
| First Name:   | Last Name:                                      |
| Email Address:  |   |
| Job Title   | Department                                      |
| Broker Information:   |   |
| Broker Name:  |   |
| Broker Website: www.  |   |
| Street Address:   |   |
| City:   |   |
| State:  | Zip Code:                                       |
| Work Phone #: ( )   | Ext.:   |
| Fax Phone #: ( )  |   |
| Marketing / Sales:  |   |
| Manager's Name  | Email:  |
| Operations Information:   |   |
| How is organization licensed? (Choose all that apply)             |   |
| Agent Broker Excess & Surplus Lines Other (Please Describe Other) |   |
| Please confirm that you are fully licensed in all the sta         | ates in which you are submitting your business. |
| Commission Income Breakdown                                       |   |
| % Retail% Wholesale Brokerage%MGA (Binding Authority)% Other      |   |

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## **Premium Volume and Distribution**

| Premium Volume (approximate for current year): \$  |
|--|
| % Commercial Lines   |
| % Personal Lines   |
| % Other (Please Describe)  |
| Personnel  |
| Breakdown of Organization's Staff (number):  |
| Principals / Owners  |
| Producers (Salespeople)  |
| Other Licensed Employees   |
| Other Employees  |
| Total Staff  |
| Financial and Other Information  |
| Internal Accounting Contact Name:  |
| Phone number: ( ) ext.   |
| Do you maintain Employee Dishonesty Coverage for all Officers and Employees?  Yes No   |
| Do you Maintain Errors & Omission Coverage?  Yes No  |
| Have you or any officer, director or member of your organization ever had an insurance license suspended or terminated for any reason, or ever been subject to any disciplinary action?  Yes No If Yes, please explain |
| Is there any pending or threatened litigation or judgments within the past five years exceeding \$10,000 against the broker or any principals of the organization?  Yes No If Yes, please explain                      |

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