



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 states in which you are submitting your business.

Yes No

Commission Income Breakdown

___% Retail ___% Wholesale Brokerage ___%MGA (Binding Authority)

___% Other



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