

# Producer Profile

(hereinafter Exhibit "A" to Insurance Agency Agreement)

Legal Name of Producer/Agency/dba: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Your Firm is a: Corporation \_\_ Partnership \_\_ Sole Proprietor \_\_ Other \_\_

Date your firm was established: \_\_\_\_\_

Federal Tax ID (FEIN) # or Social Security #: \_\_\_\_\_

Producer's License #: \_\_\_\_\_

Producer is a (n): Individual \_\_ Partnership\_\_ Corporation \_\_

## PRINCIPALS, PARTNERS, or CORPORATE OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Email Address: \_\_\_\_\_

Totals Number of Employees \_\_\_\_\_ Total # of Licensed Producers \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Licensing Contact: \_\_\_\_\_

Listing your three (3) leading property and casualty companies:

1. \_\_\_\_\_ Yrs. Represented \_\_\_\_\_
2. \_\_\_\_\_ Yrs. Represented \_\_\_\_\_
3. \_\_\_\_\_ Yrs. Represented \_\_\_\_\_

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**PLEASE ATTACH A COPY OF YOUR AGENCY’S ERRORS & OMISSIONS COVERAGE, COMPLETED W-9 FORM, APPLICABLE LICENSES AND FINANCIAL STATEMENTS.**

**ALL DOCUMENTATION SHOULD BE FAXED TO 610-581-7512.**