



PRODUCING AGENCY APPLICATION

I. Agency Information

Agency Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Phone Number _____ Website: _____

Please provide email address to send policy documents _____

Number of years in business _____ Individual Partnership Corporation

Do you have a premium trust account? Yes No

Agency Employees	Email	Agency Principal	Personal Lines	Commercial Lines
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need to list more employees, please attach an additional sheet.

II. Agency split of business

Total Premium Volume: _____

Commercial _____% Professional Liability _____%
 Personal Lines _____% Excess & Surplus _____%

III. Please attach the following to your application:

- 1 A copy of your E&O policy declarations page
- 2 Copies of your state licenses for the agency and agency principal
- 3 Completed W-9

Name _____ Title _____

Date _____ I understand that checking this box constitutes a legal signature confirming that I warrant the truthfulness of the information provided in this application.