

CONFIDENTIAL PRODUCER/BROKER PROFILE

Legal Name of Organization:

DBA (If Different):

Current Mailing Address:

City

State

Zip Code

Phone Number

Current Location Address:

City

State

Zip Code

Fax No.

e-mail Address

Website

Business Entity

We are a:

If accounting is conducted at an address other than the above mailing address, please provide the address.

Premium Volume

How would you describe your mix of business?

City

Commercial %

State

Zip Code

Personal %

100% Total

Check specialty programs or areas of coverage in which you participate:

- Security Guards Alarm Companies Private Investigators Insurance Adjusters
 Glaziers Monitoring Co Professional Liability Non-Profit Org.

Other Areas of Special Interest

Does your agency have E & O coverage? Yes No Name of carrier:

E & O limits:

Deductible:

Expiration:

Please attach a copy of your E & O policy DEC page.

Please attach a copy of your Broker License.

Agency Personnel

CEO/President

Financial Officer

Accounts Payable Contact

Name of Authorized Agent/Brokers

License Number

Name of Authorized Agent/Brokers

License Number

Name of Authorized Agent/Brokers

License Number

Name of Authorized Agent/Brokers

License Number

Which of the following associations are you currently a member?

Big "I" PIA AAMIGA NAIB WAIB

Prepared By
(signature):

Month

Date

Year

Name (Typed):

Title: