



## NEW PRODUCER INFORMATION/APPLICATION FOR APPOINTMENT

Exact name of license reads: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address of Producer (mailing & physical): \_\_\_\_\_

Phone: \_\_\_\_\_

License #: \_\_\_\_\_

Fax: \_\_\_\_\_

Tax-payer ID# \_\_\_\_\_

Producer is a Partnership  Sole Proprietorship  Corporation  Date Established \_\_\_\_\_

Name	Title	Email

E&O Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

(Please attach a copy of your current E&O Dec page or certificate)

Trust Account (required)?    Yes    No                      In which states are you licensed: WA OR ID AK Other

Trust account bank \_\_\_\_\_ (please attach a copy of licenses that would apply)

Bank Address \_\_\_\_\_

Person in your organization to contact regarding any credit or collection problems (name & phone) \_\_\_\_\_

How long has your agency been in operation?: \_\_\_\_\_

Do you specialize in any particular line of insurance?    Yes    No    Please explain: \_\_\_\_\_

Approximate volume we may expect from your agency: \_\_\_\_\_

Is there a particular program or class of business with which you are hoping we can assist: \_\_\_\_\_

Do you have any other branch offices that you would like appointed at this time?    Yes    No

If yes, please give the name, physical & mailing address, and tax ID for each \_\_\_\_\_

Which is the main branch, if any: \_\_\_\_\_ Which branch should mail go to? \_\_\_\_\_

**Please list your direct Carriers and/or General Agents you write with, and what premium volumes.**

PL Product	Carrier/MGA	Premium: (\$)	PL Product	Carrier/MGA	Premium: (\$)
Mobile Home			Motorcycle		
Dwelling			Collector car		
Homeowners			Event		
Watercraft			Umbrella		
Earthquake			Other		

CL Product	Carrier/MGA	Premium: (\$)	CL Product	Carrier/MGA	Premium: (\$)
Truck			Comm GL		
Public Auto			Comm Prop		
Business Auto			Comm IM		
Garage			Comm Marine		