

Agency Profile

Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Years in Business: _____

Email Address: _____ Web Address: _____

Owner: _____ Total # Staff: _____ Total # Producers: _____

Accounting Contact: _____ Phone: _____ Email: _____

Corporation: _____ LLC: _____ Partnership: _____ Other: _____

Tax ID # (FEIN): _____ Type of Agency: Retail Wholesaler
MGA

Agency Profile

Total Agency Annual Premium Volume: \$ _____

% Commercial: _____ % Cannabis Related: _____ % Professional: _____ % Personal: _____

States of Operation: _____

Twelve (12) Month Premium Commitment: \$ _____

E & O Liability Limit: \$ _____ Deductible: \$ _____ E & O Expiration Date: _____

E & O Insurance Carrier: _____

Producers

Name	Email	Telephone

Required Documentation:

1. Signed Agency Agreement
2. Copy of all producer licenses and each state license
3. E & O Declarations Page
4. W-9 Form