



Producer Profile

I. General Information

Agency Name _____ Parish _____

Mailing Address _____ City _____

Street Address _____ Zip _____

Phone (____) _____ Fax (____) _____ Tax ID _____

Sub-Office Name _____ Parish _____

Sub-Office Address _____ Zip _____

Phone (____) _____ Fax (____) _____ Tax ID _____

II. History

Year Established _____ Agency License # _____

Mergers or Purchases

Names	Location	Approx. Written Prem. Vol.	Date
1.			
2.			
3.			

Other Miscellaneous Information: _____

III. Operations

Business Structure: ___ Partnership ___ Proprietorship ___ Corporation ___ Other

If Corporation or Partnership, please give type and ownership percentage: _____

Hours of Operation: M-F _____ Sat: _____ Hours closed during the day _____

IV. Company Information

Please list companies or general agents with which you are presently doing business: (Attach separately if necessary)

Name	Volume	% Commercial	% Personal	How Paid

Total Agency Written Premium \$ _____ % Commercial _____ % Personal _____
 % Surplus Lines _____ % Standard _____

V. Agency Information

Owner Information

Name	Email Address	Title	License #	% Ownership

Office Personnel

Name	Email Address	Title	License #

*Attach list separately if necessary

Name of Accounting Contact _____ Phone (____) _____
 Policy Email Contact _____

VI. E & O Coverage

Do you presently have E & O coverage ___ Yes ___ No Limit _____ Deductible _____

Company Name _____ Policy # _____

*Please attach a copy of your E & O Dec Page.

VII. Projected Production

Please project your anticipated production with Interstate Insurance Underwriters:

This Year:	Total _____	% Property _____	% Casualty _____
Next Year:	Total _____	% Property _____	% Casualty _____
Third Year:	Total _____	% Property _____	% Casualty _____

What do you expect from Interstate Insurance? _____

VIII. Premium Finance

Interstate may offer finance through Interstate Premium Finance, LLC.

Would you like to use our financing services? ____ Yes ____ No

IX. Form W-9 Request for Taxpayers Identification Number

- Please send a completed W-9 in the way your agency is reported to the IRS

X. Signature(s) below hereby give Interstate Insurance Underwriters, LLC permission to run the necessary credit reports on the owner or owners of agency applicant.

Signature

Signature

Title

Title

Date

Date