



## Producer Profile

### 1. General Information

Agency Name _____	Parish _____
Mailing Address _____	City _____
Street Address _____	Zip _____
Phone (____) _____ Fax (____) _____	Tax ID _____
Sub-Office Name _____	Parish _____
Sub-Office Address _____	City _____
Sub-Office Address _____	Zip _____
Phone (____) _____ Fax (____) _____	Tax ID _____

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### 2. History

Year Established \_\_\_\_\_ Agency License # \_\_\_\_\_

#### Mergers or Purchases

Names	Location	Approximate W/P Volume	Date
1.			
2.			
3.			

Other Miscellaneous Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 3. 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 \_\_\_\_\_

**4. Company Information**

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

Name	Volume	%Commercial	%Personal	How Paid

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

**5. Agency Information**

**Owner Information**

Name	E-Mail Address	Title	License #	%Ownership

**Office Personnel**

Name	E-mail Address	Title	License #

Name of Accounting Contact \_\_\_\_\_ Phone \_\_\_\_\_

**6. 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

**7. Projected Production**

Please project your anticipated production with Interstate Insurance Underwriters:

This Year	Total _____	%Property _____	%Casualty _____
Next Year	Total _____	%Property _____	%Casualty _____
3 <sup>rd</sup> Year	Total _____	%Property _____	%Casualty _____

What do you expect from Interstate Insurance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Premium Finance**

Do you use and independent premium finance company? \_\_\_\_ Yes \_\_\_\_ No

If yes, which company \_\_\_\_\_

Why do you use them? \_\_\_\_\_

Have you used Interstate Premium Finance Corp? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

**9. Form W-9 Request for Taxpayers Identification Number**

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

**10. Permission**

**I/we** give permission to Interstate Insurance Underwriters to run the necessary credit reports on the owner or owners of said agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date