

**ATTACHMENT A**  
**Grange Producer Profile**

Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Legal Entity: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Federal Employer ID # \_\_\_\_\_ License Expiration: \_\_\_\_\_

E&O Expiration: \_\_\_\_\_

**Staff Contact Information: (If Applicable)**

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

Policy Information E-mail Address: \_\_\_\_\_

Marketing Information E-mail Address: \_\_\_\_\_

**Attach a copy of your:**

Contract \_\_\_\_\_ W-9 \_\_\_\_\_ E&O Coverage \_\_\_\_\_ Agent License \_\_\_\_\_

Agency License (if applicable) \_\_\_\_\_

If you are WA we need Affiliation form and check \_\_\_\_\_

**Fax all forms to 866-577-7595 attention Agent Management.**