

ATTACHMENT A
Independent 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.