

CRC / SOUTHERN CROSS CONFIDENTIAL PRODUCER PROFILE

General Information

Legal Name of Organization: _____

DBA (If Different): _____

Current Mailing Address: _____ **Current Street Address:** _____

Telephone Number: _____ **Night Number:** _____

Fax Number: _____ **Watts Line:** _____

Web Site: _____ **E-Mail Address:** _____

Federal I.D. Number: _____ **Year Established:** _____

Business Entity: (Check One) Corporation ___ **Partnership** ___ **Individual** ___

Premium Volume: _____ **Commercial %** ___ **Personal %** ___

If your agency accounting is conducted at an address other than the above mailing address please provide that address below:

Errors & Omissions Insurance

Carrier: _____

Limits: **Occurrence** _____ **Aggregate** _____

Deductible: _____

Expiration Date: _____

Attach a copy of your current E&O policy dec page.

License Information

States Licensed	License Number	States Licensed	License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your agency hold a Surplus Lines License ? _____

If yes, please enter License Number: _____ Expiration Date: _____

Name of individual who holds surplus lines license: _____

Attach a copy of the above licenses.

Agency Personnel

Title	Name	Direct Number	E-Mail
CEO / President	_____	_____	_____
Marketing Director	_____	_____	_____
Umbrella Contact	_____	_____	_____
GL Contact	_____	_____	_____
Property Contact	_____	_____	_____
E&O/D&O Contact	_____	_____	_____

Market Data

List major companies and wholesale brokers in order of premium volume.

Companies	Wholesale Brokers
_____	_____
_____	_____
_____	_____
_____	_____

Prepared By: _____ Date: _____