



**PRODUCER PROFILE**

1. Name of Agency \_\_\_\_\_
2. Physical Address \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Business Telephone Number \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_
5. Name & street address of any other branch offices affiliated with this agency including name of parent company  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Agency is:  Individual  Partnership  Corporation  LLC  LLP
7. Number of years in business under present name: \_\_\_\_\_  
FEIN# \_\_\_\_\_
8. During the past 5 years, has the agency acquired, merged with another firm or changed names? If yes, provide dates & details: \_\_\_\_\_  
\_\_\_\_\_
9. Agency Errors & Omissions carrier including policy# \_\_\_\_\_  
Expiration \_\_\_\_\_  
Date: \_\_\_\_\_ Limits: \_\_\_\_\_
10. What states is your agency licensed in? (circle) NY NJ PA CT DE MD  
Please list license expiration dates and license #'s  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Total Premium Volume:  
Last Calendar Year: \$ \_\_\_\_\_  
Projected Current Year: \$ \_\_\_\_\_

12. Agency is owned by \_\_\_\_\_  
List all Stockholders and/or Partners and percentage ownership of each  
\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

13. Approximate % Breakdown of Business written:  
Commercial% \_\_\_\_\_ Personal% \_\_\_\_\_

14. Preference of contact method: \_\_\_\_\_mail \_\_\_\_\_email \_\_\_\_\_fax

15. How did you hear of Metcom? \_\_\_\_\_Convention/Trade Show \_\_\_\_\_Underwriter  
\_\_\_\_\_Website \_\_\_\_\_Magazine Advertisement

16. Approximate % Breakdown of Business written: Voluntary Markets \_\_\_\_\_%  
Excess/Surplus Markets \_\_\_\_\_%

17. Estimated Premium Volume Commitment to Metcom Excess: 1<sup>st</sup> year \_\_\_\_\_  
2<sup>nd</sup> year \_\_\_\_\_

18. Total Number of Employees \_\_\_\_\_

19. Attach a separate sheet showing all licensed individuals in your agency including  
Social Security Number and License Number & Type of License.

20. Has any company cancelled your agency contract in the last 3 years? If so, please  
explain: \_\_\_\_\_

21. Have any licensed agents pled guilty or been found guilty of a felony or crime  
involving moral turpitude since qualifying for this appointment? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, please  
explain: \_\_\_\_\_

22. Has a license pertaining to any type of insurance related activity held by any  
person, partnership, or organization which you or any owner or officer of the  
applicant agency have been affiliated been revoked, suspended, or withdrawn by  
any regulatory authority during the time of your affiliation? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, explain fully on a separate sheet.

Signature of Licensed Agent \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(print name)

Signature of Officer of Agency \_\_\_\_\_

Name \_\_\_\_\_  
(print name & title)

Return this form to:

Metcom Excess  
245 Main St.  
PO Box 559  
Ridgefield Park, NJ 07660