



PRODUCER PROFILE

Name of Agency: _____

Physical Address: _____

Mailing Address: _____

Business Telephone: _____ **Fax Number:** _____

Email: _____ **Website:** _____

Name and Street Address of any other locations:

Agency is: ___ Individual ___ Partnership ___ Corporation ___ LLC ___ LLP ___ Subchapter-S

Number of Years Under Present Name: _____ **FEIN Number:** _____

Errors & Omissions Carrier: _____ **Limits:** _____ **Expiration Date:** _____

List States in which you are licensed to do business and attach copies of licenses:

Contact Information for Principals, Producers, CSR's, Accounting & Claims (attach contact list if available or list below):

<u>Name</u>	<u>Title</u>	<u>Email</u>	<u>Phone Extension</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all Owner/Shareholders and percentage of ownership for each:
Name: _____ **%:** _____
Name: _____ **%:** _____
Name: _____ **%:** _____

Preferred Method of Contact: ___ Mail ___ Email ___ Fax



How did you hear about Metcom?

___ Convention/Trade Show ___ Underwriter ___ Website ___ Magazine ___ Other (Please Describe)

Total Premium Volume:

Last Calendar Year: \$ _____
Projected Current Year: \$ _____

Approximate % Breakdown of Business Written:

Commercial ___% Personal ___%
Voluntary Markets: ___% Excess/Surplus Markets ___%

Estimated Premium Volume Commitment to Metcom Excess: 1st Year _____ 2nd Year _____

Has a company cancelled your contract in the last 3 years? ___ Yes ___ No **If "yes" please explain:**

Have any licensed agents pled guilty or been found guilty of a felony or crime? ___ Yes ___ No

If "yes" please explain:

Has your agency ever filed for bankruptcy? ___ Yes ___ No **If "yes" please explain:**

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any person, partnership, or organization which you or any owner or officer of the applicant agency have been affiliated been revoked, suspended, or withdrawn by any regulatory authority during the time of your affiliation?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" please explain fully on a separate sheet.**

Signature of Licensed Agent: _____ **Date:** _____

Print Name: _____

Signature of Officer of Agency: _____ **Date:** _____

Print Name: _____

Please attach a copy of your E&O Policy Dec Sheet or Certificate of Insurance and W9

Please Return This Form To:

Metcom Excess
245 Main Street PO Box 90
Ridgefield Park, NJ 07660