



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: 1st year _____
2nd 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any person, partnership, or organization which you or any owner or officer of the applicant agency have been affiliated been revoked, suspended, or withdrawn by any regulatory authority during the time of your affiliation?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