

# PRODUCER PROFILE

(Must be completed and returned prior to quoting)

1. AGENCY NAME \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Corporation \_\_\_\_\_ Other \_\_\_\_\_

2. Agency Principals and Owners:  
Chairman \_\_\_\_\_ Email \_\_\_\_\_  
President \_\_\_\_\_ Email \_\_\_\_\_  
Vice Presidents \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

3. Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

4. State Licenses Held (List States):  
Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_  
Excess & Surplus Lines Broker Yes  No  Attach copy of License. States \_\_\_\_\_  
MGA \_\_\_\_\_

5. Agency Premium Volume:

Company	Property & Casualty	Other	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
All Others	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

6. Please provide information regarding your Errors and Omissions Coverage:  
Attach copy of Policy Declaration Page, followed by Certificate of Insurance.  
Name of Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Limit \_\_\_\_\_ Per Occurrence \_\_\_\_\_ Aggregate \_\_\_\_\_  
Deductible \_\_\_\_\_

7. Do you carry Fidelity Coverage? Yes  No   
If Yes: Name of Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Limit \_\_\_\_\_ Deductible \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Fax or mail this completed form with your first submission to:

**RelMark Program Managers, 961 Pottstown Pike, Chester Springs, PA 19425**  
**Phone 800-874-5880 Fax 610-321-1011 www.relmark.net**