



**B. GENERAL AGENCY CONTACT INFORMATION:**

- 1. Agency Name: \_\_\_\_\_
- 2. Agency Mailing Address
  - PO Box: \_\_\_\_\_
  - Street Address: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Agency Physical Address (If different from mailing address)
  - Street Address 1: \_\_\_\_\_
  - Street Address 2: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Agency Telephone Numbers: Main Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address(es) for Dec Pages/Endorsements: \_\_\_\_\_  
 (Please use a separate sheet for additional contacts)
- 5. Website Address: \_\_\_\_\_
- 6. Accounting Contact:
  - 6a. Name: \_\_\_\_\_ 6b. E-Mail: \_\_\_\_\_

**C. LICENSED COMMERCIAL P&C PRODUCERS:**

- 7. \_\_\_\_\_  
 Name Individual SC Producer License Number  
 \_\_\_\_\_  
 Email Address Direct Phone Number/EXT  
 \_\_\_\_\_
- 8. \_\_\_\_\_  
 Name Individual SC Producer License Number  
 \_\_\_\_\_  
 Email Address Direct Phone Number/EXT  
 \_\_\_\_\_

(Please use a separate sheet if necessary for additional producer names, license numbers and contact information.)

**D. ADDITIONAL ATTACHMENTS:**

- 9. Please be sure to include the following attachments with this completed form.
  - 9a.  Agency W9
  - 9b.  Agency license
  - 9c.  Business letterhead
  - 9d.  Agency errors and omissions liability insurance declarations page or certificate of insurance for same.

\_\_\_\_\_  
Authorized Agency Representative Name (Please Print)

\_\_\_\_\_  
Signature of Authorized Agency Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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