



## CRC Confidential Producer Profile

Company Information:					
Agency Name:			FEIN or SSN (if individual):		
Legal Name (if different):			Agency ID:		
Physical Address:			Mailing Address:		
Address 2:			Address 2:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Website:		
Email Contact 1:			Email Contact 2:		
Accounting Address (if different from above):					
Suite number:		City:		State:	Zip:
Business Entity: (check one): Corporation _____ Partnership _____ Individual _____ LLC _____					
If LLC, please select tax classification: ___ C Corporation, ___ S Corporation or ___ Partnership					
List other agency office locations that you would like added to our database. Include address and primary contact at each office. Use additional sheets as necessary. Please note that each location will be assigned its own agency code.					
Contact Information:					
	Name:	Title:	Phone:	Email:	
Principal:					
Accounting:					
Marketing Manager:					
Producer:					
Producer:					
Producer:					

**Please attach an agency contact list or use additional sheets as necessary.**

<b>Do you have a small accounts department?</b> <input type="radio"/> Yes <input type="radio"/> No	If Yes, size of account sent to department:	Contact:
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<b>Premium Information:</b>		
Agency Total Premium:		

**Please indicate how much total premium your agency writes in each of these classes of business:**

<b>Coastal Property:</b>	Agency Total Commercial Premium:	Total Placed with Wholesalers/MGAs:
Quake/DIC:		

Transportation:	<b>General Liability:</b>	<b>D&amp;O</b>
Other (please specify):	Excess/Umbrella:	E&O:

<b>Market Information:</b>	Construction:	Healthcare:
<b>Please list the wholesale brokers or MGAs used by your agency below:</b>	Other (please specify):	Other (please specify):

Wholesale Broker or MGA Name:
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	Annual Premium Placed:	Classes Written:

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ ed.022014

**Please send a copy of your E&O and your resident license as well as any non-resident licenses that you hold.**