



Everisk Insurance Programs, Inc.
3220 Griffin Road, Suite B
Ft. Lauderdale, FL 33312
(954) 860-8770

PRODUCER PROFILE

- 1. Name of Agency
2. Mailing Address
3. Street Address
4. Business Telephone, Facsimile Number, Web Address, Email Address
5. Agency is: Individual, Partnership, Corporation
6. Number of years in business under present name, FEIN#
7. During the past 5 years has the agency acquired, merged with another firm, or changed names?
8. Name and street of any other branch offices affiliated with this agency
9. Agency is owned by: List of Stockholders and/or Partners and percentage ownership of each
10. Total # of employees
11. List licensed agent(s) operating in your agency (attach additional sheet if necessary): Name, Home Phone, Home Address, Social Security#, FL License#, Type of license
12. Agency Errors and Omissions Carrier, Expiration Date

13. Total Premium Volume: Last Calendar Year \_\_\_\_\_ Projected Current Year \_\_\_\_\_

14. Approximate percent (%) breakdown of business written: Commercial \_\_\_\_\_ Personal \_\_\_\_\_

15. Other companies agency current represents : (Include MGAs and Surplus Lines Brokers)

Company Name	Line of Business	Premium Volume	Loss Ratio

16. Has any company cancelled your agency contract in the last 3 years? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

17. Have any licensed agents pled guilty or Nolo Contendere to or have been found guilty of a crime involving moral turpitude since qualifying for this appointment? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

18. Insurance organizations in which agency participates : \_\_\_\_\_

19. Has a license pertaining to any type of insurance related activity held by you or any employee of the applicant agency ever been revoked, suspended, or withdrawn by any regulatory authority? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain fully on a separate paper and attach.

20. 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or organization which you or any owner or officer of the applicant agency have been affiliated revoked, suspended, or withdrawn by any regulatory authority during the time of your affiliation? \_\_\_\_ Yes \_\_\_\_ No

Signature of License Agent \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Officer of Company \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Return to Everisk Insurance Programs, Inc.  
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Be sure to include:

- Signed/Executed Agency Agreement
- Copy of Agent’s License
- Copy of Current Error and Omissions
- W-9 Form
- Explanation of “YES” Answers

