

PRODUCER RESUME



Agency Name: _____

Agency Address: _____
(Street Address, Post Office Box, City, State & Zip Code)

Telephone No.: _____ Fax No. _____

Web Address: _____ Email Address: _____

- (A) Individual Proprietorship Partnership Corporation
- (B) Tax Identification Number (required): _____
- (C) Principal(s); Officers and Agency Associates: ATTACH A COPY OF ALL PRODUCER LICENSES

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

- (D) Other business interest of Principals: _____
- (E) Total annual volume of your Insurance Business: \$ _____
% of total volume that is Brokerage Business: _____% (business placed by you in which you use a company that has not appointed you as a Limited Insurance Representative.)
- (F) How long in business: _____
- (G) Companies Represented: _____
- (H) Do you have Errors & Omissions Coverage? Yes No *(PLEASE ATTACH CURRENT DEC PAGE SHOWING \$1M IN COV)
- (I) Name and Address of your Bank: _____
- (J) It is an Illinois licensing requirement that a Producer submitting brokerage business maintain an Illinois Insurance Producer Bond. As our agency is a wholesale brokerage facility, please attach photocopy of your current Illinois Insurance Producer Bond.

Printed Name: _____ Title: _____

Signature: _____ Date: _____