



CRC/Southern Cross 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:		
Accounting Address (if different from above):					
Address 2:		City:		State:	Zip:
Business Entity: (check one): Corporation _____ Partnership _____ Individual _____ LLC _____					
List other agency office locations. Include address and primary contact at each office. Use additional sheets as necessary.					
Contact Information:					
	Name:	Title:	Phone:	Email:	
Principal:					
Principal:					
Marketing Manager:					
Producer:					
Producer:					
Producer:					
Please attach an agency contact list or use additional sheets as necessary.					
Do you have a small accounts department? <input type="radio"/> Yes <input type="radio"/> No		If Yes, size of account sent to department:		Contact:	

Premium Information:

Agency Total Premium:	Agency Total Commercial Premium:	Total Placed with Wholesalers/MGAs:
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Please indicate how much total premium your agency writes in each of these classes of business:

Coastal Property:	General Liability:	D&O
Quake/DIC:	Excess/Umbrella:	E&O:
Transportation:	Construction:	Healthcare:
Other (please specify):	Other (please specify):	Other (please specify):

Market Information:**Please list the wholesale brokers or MGAs used by your agency below:**

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

Prepared by: _____ Date: _____ ed.102011

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