



Retail Agency Profile Form
CONFIDENTIAL

Please complete and return this form to:
Missy Van Vurst, Executive Vice President
Email: mvanvurst@bbftlaud.com
Direct: 954-453-6295

REQUIRED FORMS:

- * Agency E&O Certificate
- * Applicable Agent Resident Licenses
- * IRS FORM W9

AGENCY INFORMATION:

Agency Name:				Website:		www.	
Street Address				City:			
State	XX	Zip:		Phone:		Fax:	
TAX ID							

CONTACT INFORMATION:

Principle Contact			Email:				
Job Title:		Department		Direct #			

Marketing Contact			Email:				
Job Title:		Department		Direct #			

Accounting Contact			Email:				
Job Title:		Department		Direct #			

Agent Contact			Email:				
Job Title:		Department		Direct #			
Agent Resident License #		State		Additional Producers-attach separate sheet			

OPERATIONS INFORMATION:

- How is organization licensed? (Choose all that apply)
 Agent Broker E&S Other: _____
- Confirm that you/your agency are fully licensed in the states you are submitting business:
 YES
- Organizational Staff at your location:

Principals	
Producers	
Other Licensed Staff	
Total	

- Is your agency an MGA/Administrator for any exclusive Programs? YES NO
 If yes, explain: _____



Page 2
Retail Agency Profile Form

PREMIUM VOLUME & DISTRIBUTION:

Professional Liability Line	Approx Premium Volume	Carrier/Brokers used	States
Lawyers			
Accountants			
Med Mal			
Architects			
Other:			

FINANCIAL & OTHER INFORMATION:

- Do you maintain Employee Dishonesty Coverage for all Officers and Employees?
 Yes No
- Do you Maintain Errors & Omission Coverage?
 Yes No
- Have you or any officer, director or member of your organization ever had an insurance license suspended or terminated for any reason, or ever been subject to any disciplinary action?
 Yes No.
If Yes, please explain: _____
- Is there any pending or threatened litigation or judgments within the past five years exceeding \$10,000 against the broker or any principals of the organization?
 Yes No
If Yes, please explain: _____

Principal/Owner Signature

Print Name

Date