

655 N. Franklin Street, #2000l Tampa, FL 33602 Phone: 800-826-8882 A Division of Brown & Brown Protector Plans, Brown & Brown of Florida. NYSE: BRO Website: www.prsginsurance.com

Retail Agency Profile Form CONFIDENTIAL

Please complete and return this form to:

Missy Rodriguez, Executive Vice President

Email: mrodriguez@bbprograms.com

Direct: 954-453-6295

AGENCY INFORMATION:

REQUIRED FORMS:

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

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

Street Address						Websi	te:			
				City:						
State		Zip:		Phone:			Fo	x:		
TAX ID										
CONTACT	INFORM	ATION:								
Principle	Contact	•				Email:				
Job Title:	ob Title:			Department			Direct #			
		.								
Marketin	g Conta	ct				Email:	_		T	
Job Title:			De	partment			Dire	ect#		
Accounti	ing Cont	act				Email:				
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Agent Co	ontact					Email:			T	
Job Title:			De	partment				ect#	<u> </u>	
Agent Resident License #					State		Additional Producers-atta separate sheet			n
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OPERATIO	NS INFO	RMATION:								
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	□ ,	Agent	□Bro	ker □E	:&S		ner:_			
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3. Org	ganizatic	nal <u>Staff c</u>	at your lo	cation:						
		Princ	cipals							
		Prod	lucers							
		Othe	er License	ed Staff						
		Tota	l							

4.	Is your agency an MGA/Administrator for any exclusive Programs? DYES DNO
	If yes, explain:



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PREMIUM VOLUME & DISTRIBUTION:

Professional Liability	Approx Premium	Carrier/Brokers used	States
Line	Volume		
Lawyers			
Accountants			
Med Mal			
Architects			
Other:			
FINANCIAL & OTHER INF	ORMATION:		
1. Do you maintain Em Yes \(\simeq \) 2. Do you Maintain Erro Yes \(\simeq \)	No	verage for all Officers and Employ	ees?
license suspended o action?	or terminated for any r	per of your organization ever had a eason, or ever been subject to any	
exceeding \$10,000 c	against the broker or c	on or judgments within the past five any principals of the organization?	e years
Principal/Owner Signatu	ure	Print Name	