



SLB Insurance Group
5900 Hiatus Road
Tamarac, FL 33321
(877) 9 BIND IT (924-6348)
Fax: (954) 724-9864

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):
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a license pertaining to any type of insurance related activity held by you or any employee of the applicant agency ever been revoked, suspended, or withdrawn by any regulatory authority?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or organization which you or any owner or officer of the applicant agency have been affiliated revoked, suspended, or withdrawn by any regulatory authority during the time of your affiliation?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 Licenses Agent _____ Date _____

Print Name _____

Signature of Officer of Company _____ Date _____

Print Name and Title _____

Return to Standard Lines Brokerage

5900 Hiatus Road, Tamarac, FL 33321
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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