



P.O. Box 591 • Plainview, NY 11803
Phone: 516-396-4600 • Fax: 516-396-4610

Producer Questionnaire:

Agent/Broker Company Name _____
Address _____ City _____ State _____ Zip _____
Contact Name _____ Phone _____
Fax _____ Email Address _____

Please Provide:

- 1) A copy of evidence of your agencies in - force Insurance Agents E & O. A certificate of insurance will suffice. Our minimum requirements for E & O coverage is \$1,000,000/\$1,000,000.
- 2) Provide a copy of your agencies P & C license for the state where your home office is domiciled.

Upon completion:

Please print out a copy of the Producer Agreement and Questionnaire (linked on the Agency Appointments page), and complete same.

When finished, forward all materials to our address above, attention Dave Schepsman, or Brian Samway.

You may also forward the materials to our fax number, or email address found on the contact page.

Thank you!