



Agent Information Form

Complete and return by fax, e-mail or mail

AGENCY DETAIL

Completed by: _____ Date: _____

Agency Legal Name: _____

Individual _____ Corporation _____ Partnership _____ LLC _____ LLP Proprietorship _____

Federal Tax ID# _____ Number of Years in Business _____

Main Office (#1): _____

City: _____ County: _____ State: _____

Zip+4: _____ Phone: _____ Fax: _____

Website Address: _____

Main Email Address for Seacoast Document Distribution _____
 (Weekly Renewal Business List, Decs, etc.)

% Personal Lines _____ %Commercial Lines _____

Personal Lines Breakdown: %Homeowners _____ %Auto _____

LARGEST 3 MARKETS BY WRITTEN PREMIUM

Admitted	Surplus Lines
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____

PROFESSIONAL LIABILITY INFORMATION

(attach a current copy of agency Errors & Omissions Declaration Page)

Professional Liability Carrier: _____ Policy Period: _____

Limits of Liability: Each Claim _____ Aggregate _____

Have you had any prior Professional Liability Claims? Yes _____ No _____

If Yes, Number of Claims _____

If Yes, Please attach explanation with Date of Occurrence.

PERSONNEL INFORMATION

Total # of Employees: _____ Total # of Producers: _____ Total # of CSR's: _____



Agent Information Form

ADDITIONAL PERSONNEL INFORMATION

Agency Principal: _____ Email _____

Personal Lines Manager: _____ Email _____

Accounting Contact: _____ Email _____

Claims Contact: _____ Email _____

Emergency # (for catastrophe purposes only) _____

Alternate Emergency # _____

PRODUCERS/CSR

1) Producer/CSR _____ Email _____ License # _____

2) Producer/CSR _____ Email _____ License # _____

3) Producer/CSR _____ Email _____ License # _____

4) Producer/CSR _____ Email _____ License # _____

5) Producer/CSR _____ Email _____ License # _____

6) Producer/CSR _____ Email _____ License # _____

7) Producer/CSR _____ Email _____ License # _____

8) Producer/CSR _____ Email _____ License # _____

9) Producer/CSR _____ Email _____ License # _____

10) Producer/CSR _____ Email _____ License # _____

(if there are more than 10 producing agents, please attach a complete list)

ADDITIONAL LOCATIONS Y _____ N _____

If Yes, Should each location be set up as an individual office? Y _____ N _____

Please complete a form for each location.