

# PRODUCER'S CONFIDENTIAL INFORMATION REPORT



***Constitutional***  
*Casualty*

*Insurance for Auto, Home & Business*

5559 N. Elston Avenue • Chicago, Illinois • 60630-1314  
Ph:773.763.7100 Fx:773.763.5938 PO Box:300680  
[www.constitutional.com](http://www.constitutional.com)

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Locations: \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ FEIN \_\_\_\_\_

Errors and Omissions Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please List all Owner-Partners-Principal Officers

_____	_____
_____	_____
_____	_____

Also please attach a list of all Owners, Partners or Corporate Officers, stating Name, Title, Social Security Number, Home Address and Home Telephone Number. and a brief description of Property/Casualty experience.

## BANKING REFERENCES

	<u>BANK NAME</u>	<u>ACCOUNT NUMBER</u>	<u>BANK REPRESENTATIVE</u>
Premium Fund Account	_____	_____	_____
Regular Checking	_____	_____	_____
Other Bank References	_____	_____	_____

## CREDIT REFERENCES

Company Name	_____	_____	_____
Mailing Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Telephone Number	_____	_____	_____
Contact Person	_____	_____	_____

Describe the territory covered by your agency: \_\_\_\_\_

\_\_\_\_\_

Attach all Sub-Agents and Brokers, include agency license.

List the contact person and direct phone number for the following functions within your agency:

Overall Administration

\_\_\_\_\_

Accounting

\_\_\_\_\_

Underwriting - Per.

\_\_\_\_\_

Underwriting - Comm.

\_\_\_\_\_

Marketing

\_\_\_\_\_

Sales

\_\_\_\_\_

Total Number of Employees:

\_\_\_\_\_

Attach all Property and Casualty insurance companies currently represented, including annual premium and current year-loss ratio. Also please attach the three year loss and production reports for the companies listed.

## **MARKETING**

Describe the Marketing Programs currently in place or planned for your agency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REPRESENTATION**

List all property and casualty companies represented during the past five years which have terminated or which you have terminated relationships and give a brief reason for each termination.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This report is submitted with the understanding that it is to be held in strict confidence. I authorize verification of all statements and references contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

# ***Constitutional*** *Casualty*

*Insurance for Auto, Home & Business*



5559 N. Elston Avenue • Chicago, Illinois • 60630-1314  
Ph:773.763.7100 Fx:773.763.5938 PO Box:300680  
[www.constitutional.com](http://www.constitutional.com)