



UNION GENERAL

INSURANCE SERVICES, INC.

PRODUCER INFORMATION

IMPORTANT, PLEASE ATTACH PHOTOCOPY OF LICENSE

Exact name of license reads: _____

Business name: _____

Address of Producer (give both mailing address and physical address): _____

Phone: _____ License #: _____

Fax: _____ Taxpayers ID #: _____

Producer is a: Partnership Sole Proprietorship Corporation Date Established: _____ Agent Broker

PERSONNEL OF AGENCY / BROKER

List all owners of firm (Partners, Principle Stockholders, Officers)

Name	Title	Residence Address	Yrs. In Agency	Yrs. In Ins. Bus.

Errors & Omissions Insurance Company: _____ Policy # _____ Expiration Date: _____

Name of bank handling Trustee Account: _____

Address: _____

Person in your organization to contact regarding any credit or collection problems: _____

COMPANIES REPRESENTED

Name of Company	Approximate Value		Name of Company	Approximate Value	
	Personal	Commercial		Personal	Commercial
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Total Number of Companies: _____

Total Volume: _____

THIS QUESTIONNAIRE MUST BE COMPLETED IN FULL, SIGNED AND RETURNED BEFORE WE CAN ESTABLISH YOUR ACCOUNT OVER

Do you specialize in certain lines or classes of business? Explain and indicate annual premium written: _____

Your estimated annual premium with Union General will be: _____

Personal Lines: _____ Commercial Auto: _____ Property/Casualty: _____

List two Company references: _____

E-mail Addresses: _____

I understand that as part of Union General's Business procedure, a routine inquiry may be made to obtain applicable information concerning the operation of our agency/brokerage.

Date _____ Signature: _____