



SKISAFE NEW PRODUCER PROFILE

Producer Agency Name _____

Mailing Address _____

Primary Phone# _____ Fax# _____

Email Address _____ Tax ID# _____

E&O Carrier _____ Liability Limit _____ Deductible _____

<u>Direct Recreational Marine Markets</u>	<u>Premium Volume Per Year</u>	<u>Other MGA or Wholesaler</u>	<u>Premium Volume Per Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

of Recreational Marine Accounts _____ Current Volume of Personal Lines _____% Commercial Lines _____%

Have you had any agency/brokerage relationship terminated in the last four (4) years? Y/N _____

(If yes, explain) _____

Estimated Premium Volume (Marine Insurance) within the next year: \$ _____

Authorized signature

Date

Print Name and Title

How did you learn about SkiSafe?

***Please complete this form & submit with a copy of your Agency License for any states where you plan to write policies and a copy of your E&O Declarations Page – you can Scan/Email to producers@skisafe.com or send via fax 516-281-8610**