



PROSPECTIVE PRODUCER APPLICATION

OFFICE PROFILE

Key Producers to be Licensed	Title/Position	Date of Hire	Years In Insurance	Email Address	License Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Total number of employees:

Other Office Locations:

None:



PROSPECTIVE PRODUCER APPLICATION
MARKETING PROFILE

Year agency was established:

	Written Premium				Premium Volume	Mix of Business	
	Home	Auto	Other				
Personal	\$	\$	\$		\$	%	
	BOP	Artisan Contractor	Commercial Package	Business Auto	Workers Comp	Premium Volume	Mix of Business
Commercial	\$	\$	\$	\$	\$	\$	
Total						\$	

Forestry Operations							
	BOP	Inland Marine	Commercial Package	Business Auto	Workers Comp	Premium Volume	Mix of Business
Logging	\$	\$	\$	\$	\$	\$	
Sawmill	\$	\$	\$	\$	\$	\$	
All Other Wood Products	\$	\$	\$	\$	\$	\$	
Total							

Primary Market States:

North Carolina South Carolina Virginia Georgia Tennessee Mississippi

Other:

Do you have a new business prospecting program in place? Yes No

If yes, please explain:

Is there potential for a Book Transfer? Yes No

If yes, provide name of company and loss ratio:

Anticipated volume in Forest Products with Forestry Mutual in 3 years? \$

5 years? \$



PROSPECTIVE PRODUCER APPLICATION

MARKETING PROFILE (continued)

<u>Primary Commercial Companies</u>	<u>Years Represented</u>	<u>Volume</u>
		\$
		\$
		\$
		\$
		\$

Any Companies discontinued in the past 5 years? Yes No

If yes, provide name of company & reason for termination:

Include a short history of your agency:

Please include the following with this report:

- **A copy of current agency license and producer license(s).**
- **A copy of current E & O Declaration Page with endorsement pages.**

**Click here to email
your application**

If you are unable to email from the above link.
Save your PDF and email it to info@forestrymutual.com