



INTERNATIONAL SPECIAL RISKS

PRODUCER PROFILE

Please complete this form in its entirety. Please remember to include: Signed ISR Producer Agreement, evidence of your E&O coverage and copies of license(s). Return the completed information to David LeMay at dleamay@isr-insurance.com.

Agency Name: _____	FEIN/TIN: _____
DBA: _____	

Mailing Address:	Street: _____ City: _____ State: _____ Zip Code: _____
Physical Address:	Street: _____ City: _____ State: _____ Zip Code: _____

Phone ()	Fax ()	Email	Website
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Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
Type of Producer: <input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> MGA <input type="checkbox"/> National Broker <input type="checkbox"/> Other

Agency Licenses (attach copies)		
Number: _____	State: _____	Expiration: _____
Number: _____	State: _____	Expiration: _____
Number: _____	State: _____	Expiration: _____
Number: _____	State: _____	Expiration: _____
Number: _____	State: _____	Expiration: _____

Primary Contacts	
Marketing/ Underwriting	Name: _____ Title: _____ Phone: () - _____ Email: _____
Accounting	Name: _____ Title: _____ Phone: () - _____ Email: _____
Licensing	Name: _____ Title: _____ Phone: () - _____ Email: _____

Completed by: _____ Title: _____ Date: _____