



PRODUCER PROFILE

Our Producer Profile assists us in reviewing your agency's fit in representing BIS products. Please type responses and return to: BIStransact@InsuranceBIS.com. Our Territory Manager will contact you once we have reviewed your submitted profile.

Agency Legal Name:		Number of Years in Business:	
DBA (if any):		Number of Years Writing Contractors:	

Mailing Address:			Physical Address (if different):		
<i>Street or P.O. Box</i>			<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Phone:		Fax:	
Web Address:		Tax ID:	

Role	Name	Title	Email	Ownership %
Principal Licensee				
Main Contact				
Accounting Contact				
Automation Admin.				

Role	Owners (if not indicated above)	Title	Email	Ownership %

Any sub-offices writing contractor accounts? (attach additional pages if needed) Yes No

SUB LOC #1			SUB LOC #2		
DBA:			DBA:		
<i>Street Address</i>			<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Phone:			Phone		
Fax:			Fax		
Contact:			Contact:		

Select all states you intend to sell BIS GL Product

AZ: CA: CO: ID: IL: MI: MN: MT:
 NM: NV: OR: TX: UT: WA: WI: WY:

Commercial staff that would interact with BIS (attach additional pages if needed)			
Name	Title	Location	Email

Do you authorize all licensed producers to participate in user incentive programs offered by BIS, including cash rewards? Yes <input type="checkbox"/>
Printed Name of Authorizer Title Signature

Which Billing method(s) would you intend to use for BIS policies? Agency Bill (<i>requires \$1M fidelity bond; please attach</i>): <input type="checkbox"/> Direct Bill: <input type="checkbox"/> Both: <input type="checkbox"/>
Do you have an AmTrust contract? If so, what is your Producer code?: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you charge broker fees on BIS policies? If so, default broker fee: \$ _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, would you be interested in us billing your fee via Direct Bill Options? Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to Opt Out of Automatic Renewals: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you act as a wholesaler or aggregator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Interested in any book consolidations? If so, please describe: Yes <input type="checkbox"/> No <input type="checkbox"/>
List any association endorsements:

Total Commercial Written Premium: \$ _____ Avg. # of New Construction GL policies written monthly # _____
Contractor Written Premium: \$ _____ Average Premium: \$ _____
Percentage of Contractor Book that is: General Contractors: % Artisans: % Surplus Lines: %

Target Classes/Programs	Premium Volume
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Contractor GL Carriers Represented	Policy Count	Written Premium	Loss Ratio	Date Appointed

Please describe any agency functions delegated to third parties:

Does the agency conduct an annual Security Data Control review and/or possess a SOC 1 Report? Yes <input type="checkbox"/> No <input type="checkbox"/>

Commitment to BIS (include # of submissions in an average month, new business source/opportunities, 1st year volume and other questions/comments):

Return to: BISttransact@InsuranceBIS.com