

COMMERCE PROTECTIVE INSURANCE COMPANY

PRODUCER PROFILE 06/11

Agency Name: _____

Business Address: _____

Telephone: _____

Fax: _____

Email: _____

Social Security # and/or Federal Tax ID#: _____

Business Type: _____

Years in Business: _____

Individual (Name of Owner): _____

Partnership (Names of Partners): _____

Corporation (Names of Active Officers and Titles): _____

Please List producers, CSRs appointed as contacts for truck business: _____

Do you Carry E&O coverage? Yes No

Please supply name of carrier and current limits – **attach proof of Coverage.**

Have you had any claim against your Errors and Omissions Coverage in the past 5 years? Yes No

If **YES**, supply information with date of occurrence. _____

Do you currently place trucking and/or commercial auto coverage? Yes No

Please list companies and/or general agencies where you place commercial auto/trucking business:

Company/Agency	Approx. Premium Volume	Loss Ratio

How did you hear about Commerce Protective Insurance Company? _____

Do you or have you or any of your producers ever placed coverage with Commerce Protective? Yes No

Do you use outside premium finance companies? Yes No

If "yes", please list companies: _____

Completed by: _____

Title/Date _____

*******WEST VIRGINIA and MISSISSIPPI*******

Please list all names of Agency Producers who will place business with Commerce Protective: