



3201 S. Providence Rd. • Suite 202
 Columbia, MO 65203
 (573) 256-2410 • (573) 256-2402 (fax)

PRODUCER APPLICATION

Agency Name: _____
 Agency Address: _____

Phone: _____
 Fax: _____
 Email: _____
 Website: _____

Federal Tax ID: _____

Business Type: Corporation LLC
 Partnership Other
 Proprietorship

Principal Name: _____
 Home Address: _____

 Home Telephone: _____

Key Agency Personnel and Producers:

Name	Title	License #	States Licensed	Email Address	Phone/Fax

(Please attach a copy of all producer licenses.)

Multiple Locations:

Agency Name	Street Address	City, State, Zip	Phone and Fax	Contact Person

Approximate breakdown of business written:

Commercial Lines	\$ _____	% _____
Personal Lines	\$ _____	% _____
Workers' Comp	\$ _____	% _____

1. Has any regulatory action ever been taken against the agency or any agent/producer?
 Yes No (If yes, please explain and provide documentation.)
2. Has anyone in the agency ever been convicted of a felony involving a breach of trust or dishonesty?
 Yes No (If yes, please explain and provide documentation.)
3. Has the agency ever had a contract with a carrier cancelled for cause?
 Yes No (If yes, please explain and provide documentation.)
4. Have any of the principals of the agency been involved in a bankruptcy or ever been owners of an agency involved in a bankruptcy?
 Yes No (If yes, please explain and provide documentation.)
5. Has the agency or any of its principals been involved in a lawsuit, arbitration or mediation with an insurance carrier, program manager or managing general agency?
 Yes No (If yes, please explain and provide documentation.)
6. How long has the agency been in business? _____ years

List of Membership in Professional Associations:

E&O Information:

Name of Carrier: _____ Policy Effective/Exp. Dates: _____

Limit of Liability: _____
(Please attach a copy of the E&O policy declaration page for our records.)

I understand that the information provided in this application will be relied upon by CCGA, and I hereby certify that the information given is complete and accurate.

Agency Name

Signature of Principal

Date

Title