

**COMMERCIAL INSURANCE UNDERWRITERS, INC.**

**A Surplus Lines Agency**

**901 EAST ST LOUIS ST #205**

**SPRINGFIELD MO 65806-2537**

**PHONE 417-883-3277 FAX 883-3393**

**PRODUCER  
INFORMATION**

**Agency Name:** \_\_\_\_\_  
(As you would like it entered in our system for billing, etc.)  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Website Address: \_\_\_\_\_

Producer is a:     Partnership             Sole Proprietorship             Corporation  
Date Established: \_\_\_\_\_

List of all owners(Partners, Principle Stockholders, Officers):

Name	Title	Residence Address	Yrs in Agency	Yrs Exp.
1.				
2.				
3.				
4.				

List of those who will be placing business with us and their email addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: PLEASE ATTACH COPIES OF PRODUCER, AGENCY &  
SURPLUS LINES LICENSES HELD; AND DECLARATIONS PAGE OF  
AGENCY E&O POLICY**

E&O Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Producer License: \_\_\_\_\_ State: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Agency License: \_\_\_\_\_ State: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Agency Certificate: \_\_\_\_\_ State: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of bank handling Trustee Account: \_\_\_\_\_  
Address: \_\_\_\_\_

Federal ID Number or Social Security Number: \_\_\_\_\_  
Person in your organization to contact regarding any credit issues or collection problems:

Do you specialize in certain lines or classes of business? Explain and indicate annual premium written: \_\_\_\_\_

**COMPANIES OR WHOLESALERS REPRESENTED**

Name of Company	Volume per Year	Name of Company	Volume per Year
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Your estimated annual premium with CIU will be: \_\_\_\_\_  
Personal Lines: \_\_\_\_\_ Commercial Lines: \_\_\_\_\_

List 2 Company references:

\_\_\_\_\_  
\_\_\_\_\_

I understand that as part of CIU's business procedure, a routine inquiry may be made to obtain applicable information regarding the operation of your agency.

Date: _____ Signature: _____ Title: _____
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