

# California Mutual Insurance Company - Producer Profile

**Producer Name:**

**Telephone #:**

**Fax #:**

**Email Address:**

**Street Address:**

**City**

**State:**

**Zip Code:**

**Mailing Address:**

**County:**

**Taxpayer ID #:**

**Geographic area serviced / other locations: (Attach list of other offices.)**

**Key Personnel: (Please list primary contact first.)**

**Total # of Staff:**

**Name:**

**Title / Function**

**Years w / Agency**

**Yrs in Insurance:**

**Email Address:**

**Name & title of person to contact re: collection matters:**

**Telephone #:**

**Total Commercial Volume All Companies:**

**P&C: \$**

What volume can we anticipate for the following product lines?

**Apartments / Office Bldgs / LRO:**

**Light Industrial / LRO:**

**Mercantile LRO:**

**Motel Properties:**

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What type of businesses represent the major % of your volume?

What specific need can we satisfy?

Programs or special accounts:

## Commercial Markets

Major P&C Companies:

Appt. Date:

Volume: \$

Loss Ratio:

Major P&C Companies:	Appt. Date:	Volume: \$	Loss Ratio:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total # of P&C Appointments:

## Banking Information (required)

Trust Account #:

Name & Address of Bank:

Operating Account #:

Name & Address of Bank, if Different:

Has the agency or any principal ever been subject to Department of Insurance action regarding Insurance Code violation(s)? If yes, please attach a detailed explanation.

Yes  No

Have any principals ever declared bankruptcy?

Yes  No

Has any principal been employed by a corporation or partnership that has filed for bankruptcy? If yes, please attach a detailed explanation.

Yes  No

Have any errors and omissions claims been made in the past five years against your firm, the firm's officers, partners, owners or producers? (If yes, please attach a detailed explanation.)

Yes  No

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**Shock losses (description and amount):**

**Any company cancellations or new markets within last 12 months?**

**Please include the following items with this completed form for a complete evaluation of your agency:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Copy of agency / broker's license</b>                    | <input type="checkbox"/> <b>Copy of E &amp; O dec sheet</b> | <input type="checkbox"/> <b>Most Current financial statement</b> |
| <input type="checkbox"/> <b>3 leading companies' experience for previous 3 years</b> |   | <input type="checkbox"/> <b>Business plan narrative</b>          |

**Dated:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_