

New Agency Profile Form

The following items are required to appoint your agency with Provider Alliance

- This form completed
- Copy of E&O policy Declaration Page (at least \$1,000,000 required)
- Copy of State Insurance License - All States Applying For
- Proof of Surplus Lines Authority - All States Applying For

Date Completed: _____ F.E.I.N.: _____

Agency Name: _____

Address/Suite #: _____

City/State/Zip: _____

Telephone No.: () _____ Fax No.: () _____

Years in Business: _____ Web Site: _____

Primary Contact: _____ E-Mail: _____

Accounting Contact: _____ E-Mail: _____

Marketing Contact: _____ E-Mail: _____

P/C Volume: _____ 0-5 million _____ 5-10 million _____ 11-20 million
(check one)

_____ 21-30 million _____ 31-50 million _____ 51-75 million

_____ 76-100 million _____ over 100 million

Long Term Care _____ 0-500,000 _____ 500,000-1MM _____ 1-2 million

P/C Volume: _____
(check one) _____ 2-5 million _____ 5-10 million _____ over 10 million

Revenue or Premium? (circle one) _____ Number of Producers: _____

Is your renewal/new business placement? Centralized Individualized Various (circle one)

Key Accounts your Agency Writes: _____

Other Wholesalers Used & Relationship: _____

Specialties: _____

Areas of Growth: _____

Additional Needs/Comments: _____

How did you hear about Provider Alliance? _____

Fax completed form to 866.827.6057