



W. A. SCHICKEDANZ AGENCY – SOUTH, LLC

Managing General Agents / Surplus Lines Brokers
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(618) 233-0644 • 1-800-869-9976 • Fax: (618) 233-0672

PRODUCER INFORMATION FORM

1. AGENCY NAME (Including Trade Name): _____

a) Authorized Producers: _____

2. ADDRESSES:

a) Street _____
(Street) (City)

b) Mailing _____
(P.O. Box) (City)

(County) (State) (Zip)

3. TELEPHONE#:() _____ FAX #:() _____
E-MAIL ADDRESS; _____ WEB SITE: _____

4. TYPE OF ORGANIZATION:

Proprietorship _____ Partnership _____ Corporation _____

5. TAX I.D.# - Please attach a completed W-9

6. LICENSING: Please include copy of Tennessee or Kentucky "Insurance Firm"
License (if applicable) and all other authorized producers' licenses.

7. ERRORS & OMISSIONS INSURANCE:

a) NAME OF INSURER: _____

b) EXPIRATION DATE: _____

PLEASE INCLUDE COPY OF E & O DECLARATION PAGE OR YOUR
INSURER'S CERTIFICATION OF COVERAGE

8. INSURANCE PRODUCER'S BOND (IF APPLICABLE):

a) NAME OF INSURER _____

b) BOND # _____