

ALDWYN GROUP, INC.

PRODUCER PROFILE

(Must be completed and returned prior to quoting)

1. AGENCY NAME _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Corporation _____ Other _____

2. Agency Principals and Owners:
Chairman _____ Email _____
President _____ Email _____
Vice Presidents _____ Email _____
_____ Email _____
_____ Email _____

3. Years in Business _____ Number of Employees _____

4. State Licenses Held (List States):
Resident _____ Non-Resident _____
Excess & Surplus Lines Broker Yes No Attach copy of License. States: _____
MGA _____

5. Agency Premium Volume: P + C _____

6. Estimated volume with Surplus Lines Carriers: _____

7. Please provide information regarding your Errors and Omissions Coverage:
Attach copy of Policy Declaration Page, followed by Certificate of Insurance.
Name of Carrier _____
Policy Number _____ Expiration Date _____
Limit _____ Per Occurrence _____ Aggregate _____
Deductible _____

8. Do you carry Fidelity Coverage? Yes No
If Yes: Name of Carrier _____
Policy Number _____ Expiration Date _____
Limit _____ Deductible _____

9. Please list any specialties of your Agency (i.e., construction, transportation): _____

Name _____ Title _____ Date _____

Fax or mail this completed form with your first submission to:

ALDWYN GROUP, INC., 961 Pottstown Pike, Chester Springs, PA 19425
Phone 610-321-1030 Fax 610-321-1031 www.aldwyngroup.com