

Pacific Excess Insurance Marketing

Standard - Excess & Surplus - Workers' Compensation Markets

Producer Application

1. Name of Firm: _____
2. Contact Person: _____
3. Principal Address: _____

4. Mailing Address: (IF DIFFERENT THAN ABOVE) _____

5. Telephone: _____ Fax: _____
6. Web Site: _____ E-mail: _____
7. Tax Payer ID Number: _____
8. ___ Corporation ___ Partnership ___ Individual Year Est. _____
9. License No. _____ State _____ Expiration Date _____
10. Do you maintain E&O coverage? ___ Yes ___ No
11. Where did you hear about us? _____
12. What classes of business do you write?
 Restaurants LROs Apartments Small Retail
 Hotel/Motel Workers' Comp. Other _____

Signature of Applicant / Title: _____

BE SURE TO INCLUDE COPIES OF: (1) Licenses, (2) E&O Declaration Page

Return to: **Pacific Excess Insurance Marketing**
Attn: Barry Colburn

Fax to: 714-228-7899

Email to: bcolburn@pacificexcess.com