

M. L. I., Inc
 PO Box 4550
 BREMERTON, WA 98312
 PHONE: (360) 405-1823 / FAX: (360) 405-1829

PRODUCER PROFILE

A. COMPANY INFORMATION

1. Name of Firm: _____
2. Principal Address: _____
3. Mailing Address: _____
4. Telephone: (____) ____-____ Fax: (____) ____-____
5. Are you a: Corporation: Partnership: Individual:
6. Taxpayer ID Number: _____

B. PRINCIPALS AND PERSONNEL

1.

Breakdown of Staff	Number
Principals/Partners, Owners	
Officers, Managers	
Other Employees	
Total Staff	

2. Principals/Officers/Brokers/Contacts

Name	Title/Position	Email Address

C. OPERATIONS

1. Do you write business outside of state of domicile: YES: NO:
 If yes, please describe which states: _____
2. Does your agency operate as wholesalers, MGA, retailer or combination?
 Retail: ____% Wholesale Brokerage: ____%
 MGA with binding authority: ____%

D. LEADING COMPANIES REPRESENTED AND APPROXIMATE ANNUAL VOLUME:

	\$
	\$
	\$
	\$

E. Please attach evidence of E & O Coverage and copy of Agency License. Also, complete and return the attached W-9 Form.

February 22, 2011