



Licensed thru DGP-Miles Insurance Agency, Inc.

Retail Broker Information Form

General Information

Agency Name:

Address:

City/State/Zip:

Primary Contact:

Email Address:

Telephone #:

Fax #:

Fed Tax ID#:

Years in Business:

of Employees:

of Full-Time Producers:

States Licensed:

Additional Office Locations:

Business Profile

Total Estimated Premium Volume:

Three Largest Retail Carriers:

Approximate % placed with Wholesalers/MGA's

List any areas of specialization:

Agency E&O Coverage (please attach copy of current Dec page)

Limits:

Carrier:

Expiration:

Key Staff

Name

Title/Department

Email:

Please include: 1) Copy of E&O Dec; 2) Copy of Licenses; 3) W-9; 4) Signed Brokerage Agreement