



9543 Fenway Avenue • Baton Rouge, Louisiana 70809 • 225.201.0107 • 225.201.0108 (fax)

AGENT/BROKER PROFILE					
Agency			Trade Name (DBA) if applicable		
Mailing Address		City	State	Zip	
Physical Address		City	State	Zip	
Telephone ()	Fax ()	Website			
Email Address (es)					
How many years have you been in business under this Firm's Name?					
Is the Firm licensed as an:					
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain)					
Tax ID #			Social Security #		
Additional Locations to be set up:					
Does your Firm carry Errors & Omissions Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please provide Company:				Expiration:	
Limits:			Deductible:		
Name of Principals in Firm	Title	Primary Insurance License # State		How many years have you been in:	
				Insurance	This Firm

Please answer the following questions regarding the Firm:

Has this Firm or any Principals of this firm:	<u>Yes</u>	<u>No</u>
Filed Bankruptcy?		
Been sued by an Insurance company?		
Filed a claim under an Errors & Omissions policy?		
Had their insurance license suspended, revoked or subjected to any disciplinary action by a regulatory authority?		
Been convicted of a felony?		

If you answered Yes to any of the above questions, please submit a detailed explanation and the resolution for each question.

List each state the firm or any of its members are licensed. *(Use additional sheet if necessary)*

Name on License:		Social Security Number:		
Residence Address		City	State	Zip
License State	License Type	License #	Expiration	Resident/Non Resident

Name on License:		Social Security Number:		
Residence Address		City	State	Zip
License State	License Type	License #	Expiration	Resident/Non Resident

Name on License:		Social Security Number:		
Residence Address		City	State	Zip
License State	License Type	License #	Expiration	Resident/Non Resident

Name on License:		Social Security Number:		
Residence Address		City	State	Zip
License State	License Type	License #	Expiration	Resident/Non Resident

Total Premium Volume		
Current Year	Last Year	Past 2 Years
\$	\$	\$

Top 4 Companies Represented	Approximate Premium	Approximate Loss Ratio

APPROXIMATE PERCENT OF TOTAL PREMIUM VOLUME			
Retail	%	Workers Compensation	%
Wholesale	%	Commercial Property	%
TOTAL	%	General Liability	%
		Personal Lines	%
		Commercial Automobile	%
		Professional Liability	%
		Other	%
		TOTAL	%

BANKING INFORMATION			
Name of Bank		Bank Reference	
Bank Address	City	State	Zip
Phone Number ()		Contact Person	

Please provide any additional information you would like to share regarding your Agency.

Signature	Date

All information contained on this application will be kept strictly confidential.

Please attach copies of the following:

Current License(s) Dec Page of E & O Policy Broker's Bond

Please complete and return this packet to:

LEMIC Insurance Company
Attention: Lynn Palmer
9543 Fenway Avenue
Baton Rouge, LA 70809
 Phone: 225.201.0107 x238 • FAX: 225.201.0108