

Insurance Agents' Co-Operative, Inc.

Producer Agreement

All producers must submit a copy of their errors and omissions with this agreement and a copy of their insurance license and IRS W-9 form

Producer Name: _____ Phone: _____
DBA/Entity Name: _____ Fax: _____
Mailing Address: _____ Personal Lines Contact: _____
City/State/Zip: _____ Commercial Lines Contact: _____
E-mail: _____ Website: _____

Physical Office Location

Address: _____ City/State/Zip: _____

Principal's Information

Name: _____ Home Phone: _____
Home Address: _____ City/State/Zip: _____

License Type: **Individual** OR **Agency**

Name as shown on license: _____

DBA/Entity Name approved by Dept of Insurance: _____

License Number: _____ License Expiration Date: _____

Soc Sec Number: _____ Date of Birth: _____

Tax ID Number: _____

This information is required for appointing purposes. You must provide the Tax ID for the DOI licensed entity. Sole proprietorships: Your SSN is usually your Tax ID. Partnerships and Corporations: Your FEIN is your Tax ID.

Business Type: **Sole Proprietorship** OR **Partnership** OR **Corporation**

Tax ID Number used for reporting income: _____

** The following two questions do not apply to corporations.*

Name for 1099 Reporting (Sole Proprietorships Only): _____

DBA for 1099 Reporting (Sole Proprietorships Only): _____

Errors and Omissions Policy Information

Policy Number: _____ Expiration Date: _____

Carrier: _____
