



## Lucantha Marine Insurance, LLC

### PRODUCER PROFILE

Please complete this form in its entirety. Please remember to include: Signed Lucantha Marine Insurance Producer Agreement, Producer Profile, W-9 form and a Dec Page copy of your current E&O insurance coverage. Return the completed information to Carrie Nason at [carrie@lucantha.com](mailto:carrie@lucantha.com).

<b>Agency Name:</b>		<b>FEIN/TIN:</b>	
<b>DBA:</b>			
<b>Mailing Address:</b>	Street: _____		
	City: _____ State: _____ Zip Code: _____		
<b>Physical Address:</b>	Street: _____		
	City: _____ State: _____ Zip Code: _____		
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	<b>Website</b>

<b>Business Structure:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other	
<b>Type of Producer:</b>	<input type="checkbox"/> Agent	<input type="checkbox"/> Broker	<input type="checkbox"/> MGA	<input type="checkbox"/> National Broker	<input type="checkbox"/> Other

Current Insurance Carriers & Premium \$	

Primary Contacts	
<b>Marketing/Underwriting</b>	Name: _____ Title: _____
	Phone: _____ Email: _____
<b>Accounting</b>	Name: _____ Title: _____
	Billing Address: _____
	Phone: _____ Email: _____

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_