



New Producer Information:

1. Name of Agency:

2. Address:

3. City:

4. State/Zip Code:

5. Website Address:

6. Agency Phone Number:

7. Contact/Sales/Customer Service/Accounting:
(Please see end-of-form to add additional employees)

Name:

Years of Experience in Insurance:

Dept:

Email:

Agency Information:

1. Date Established:

2. Agency E&O Coverage*:

a. Carrier:

b. Policy Period:

3. Workers Compensation Insurance:

a. Volume: \$

b. Avg. Premium Size WC Policy: \$

4. Appointed Carriers your Agency currently writes Workers Compensation Coverage with:

a.

b.

c.

d.

5. Other Wholesalers you may work with (if any):

a.

b.

6. Niche Industry your Agency may work on:

To ensure that you receive our emails, please add cluett@insurancemarketinfo.com to your Safe Senders list. [How to add Cluett to your Safe Senders list.](#)

Cluett Programs You Are Interested In:

- Business Owners Policy (BOP's)
- Commercial Packages
- Commercial Property
- General Liability
- Umbrella/Excess Liability
- Commercial Auto
- EPLI
- Bonds
- High Value Homeowners

Workers' Compensation

- Loss Sensitive Plans
- Retrospective Rating Programs
- Captives
- FlexPay Program
- Worker's Comp Payments on a "Pay-As-You- Go" Basis

Insurance Programs

- Home Health Facilities - All Lines
- Individual Home Caregivers - Workers' Comp
- Nannies - Workers' Comp
- Spa Programs - All Ines
- Gas/Convenience Stores with 24HR Exposure - All Lines
- Artisan Contractors - All Lines

Additional Employee Schedule:

Name:

Years of Experience in Insurance:

Dept:

Email:

Name:

Years of Experience in Insurance:

Dept:

Email:

Attach list of additional employees as needed.

Please Click Here to Submit the Completed Form.

SUBMIT

RESET

- Please also include the following:
- 1) Copy of Agency License
 - 2) Evidence of Professional E&O Insurance
 - 3) Completed and Signed [W-9 Form](#)