

PRODUCER PROFILE

STANDARD INFORMATION

Date of Request:

Please attach the following information along with the completed form to **spgappointments@specialtyprogramgroup.com**:

- 1. Copy of E&O
- 2. W-9
- 3. State License Information (all applicable agency and individual)

COMPANY INFORMATION

Agency Name:

FEIN or SSN (if individual):

Agent's NPN:

Mailing Address:

City: State: Zip:

Physical Address:

City: State: Zip:

Accounting Address (if different from above):

City: State: Zip:

Other Agency Office Locations (if applicable):

Address:

City: State: Zip:

Address:

City: State: Zip:

Address:

City: State: Zip:

Address:

City: State: Zip:

Address:

City: State: Zip:

## CONTACT INFORMATION

Please use additional sheets to include additional contacts.

**Principal:**

Name:  Title:   
Phone #:  Email:

**Accounting Contact:**

Name:  Title:   
Phone #:  Email:

**Compliance Contact:**

*(Required - needed to deliver agency statements)*

Name:  Title:   
Phone #:  Email:

**Portal Administrator Contact:**

*(Agency contact responsible for registering employees for SPG Division portal access.)*

Name:  Title:   
Phone #:  Email:

**Individual/Agent Contact:**

Name:  Title:   
Phone #:  Email:

**Individual/Agent Contact:**

Name:  Title:   
Phone #:  Email:

**Individual/Agent Contact:**

Name:  Title:   
Phone #:  Email: