



## PRODUCER PROFILE

### STANDARD INFORMATION

Date of Request: [REDACTED]

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: [REDACTED]

FEIN or SSN (if individual): [REDACTED]

Agent's NPN: [REDACTED]

Mailing Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Physical Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Accounting Address (if different from above): [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

#### Other Agency Office Locations (if applicable):

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

## 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 Divison 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: