

Producer Profile

Please complete and return to us at your convenience.

Business Name: _____

Mailing Address: _____

Website: _____

E-Mail: _____

Telephone #: () _____ Fax #: () _____

Year your organization was established: _____

Insurance carrier(s) represented: _____

Approximate Premium Volume:

Commercial Lines: _____

Personal Lines: _____

Other: _____

Federal Tax Identification Number: _____

Principals' Names & Titles: _____

President: _____

Vice President: _____

Other(s): _____

Name(s) of your Bookkeepers or Comptrollers: _____

Bob Miller

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