



**THE
JACK NEBEL
COMPANIES**

AGENCY PROFILE

AGENCY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ WEBSITE: _____

YEARS IN BUSINESS: _____ # YEARS AT THIS LOCATION: _____

| PRINCIPALS | EMAIL ADDRESS | YEARS W/AGENCY | YEARS IN INDUSTRY |
|------------|---------------|----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

KEY PERSONNEL (PRODUCERS, MARKETING MANAGER, BOOKKEEPER, OTHER)

| NAME | TITLE | EMAIL ADDRESS |
|-------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DO YOU CARRY E&O INSURANCE? _____
(PLEASE ATTACH A COPY OF YOUR POLICY SHOWING CARRIER, LIMITS AND POLICY PERIOD)

FEDERAL ID# (OR SS#) _____
(WE REQUIRE A W-9, REQUEST FOR TAYPAYER IDENTIFICATION NUMBER & CERTIFICATION, AVAILABLE ON-LINE AT <http://www.irs.gov/pub/irs-pdf>)

*****PLEASE PROVIDE US A COPY(S) OF YOUR INSURANCE LICENSE(S) FOR YOUR HOME STATE AND ANY OTHER STATE IN WHICH YOU WILL SOLICIT BUSINESS AND FORWARD TO US FOR PLACEMENT*****

Agency Premium Volume: _____ % Commercial: _____

Agency Specialties/Needs:

Authorized Signature/Title

Date



General Agents and Surplus Lines Brokers



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