

First Marine Underwriters

P. O. Box 369

Osage Beach, Missouri 65065

Agency Information Sheet

Federal Tax (EIN) # _____ **First Marine Agency #:** _____
(First Marine assigns)

Agency Location & Contact Information

Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____

Office Address _____
(Physical location of office/offices)

Main Phone _____ Alternate Phone _____ Fax _____

Web Site _____

Errors & Omissions Insurance Information

Insurer _____

E & O expiration date _____ Limits _____

Agency Principals & Staff

General contact for
licensing _____

Email _____

Contact for Underwriting _____

Email _____

Principals _____

Email _____

Licensing Info.

States Agency Licensed in _____

Staff members to be licensed _____

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Agency Background Information

Date Agency established _____ Agency annual premium volume _____
(prior year)

List standard companies represented _____

List non-standard companies _____

List Managing General Agencies/Wholesalers _____

Business Mix – Personal lines _____% Commercial lines _____%

Marine/Boat Business Premium Volume _____

Professional/Agents Assoc. Affiliations _____

Special Agency designation _____
(such as IIAA Trusted Choice)

% of Staff with Professional designations _____
(such as CIC, CPCU)

**Please mail to address in heading or fax to 1-573-348-5638 for
appointment consideration.**