



**W-A-Schickedanz Agency, Inc., CMGA**  
**Interstate Risk Placement, Inc.**  
Managing General Agents / Surplus Lines Brokers

**PRODUCER INFORMATION FORM**

1. AGENCY NAME (Including Trade Name): \_\_\_\_\_

a) Authorized Producers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. ADDRESSES:

a) Street \_\_\_\_\_  
(Street) (City)

b) Mailing \_\_\_\_\_  
(P.O. Box) (City)  
\_\_\_\_\_  
(County) (State) (Zip)

3. TELEPHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

4. TYPE OF ORGANIZATION:

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

5. TAX I.D. #: \_\_\_\_\_  
(Either Federal I.D. # or Social Security #)

6. LICENSING: Please include copy of Illinois "Insurance Firm" License (if applicable)  
and all other authorized producers' licenses

7. ERRORS & OMISSIONS INSURANCE:

a) NAME OF INSURER: \_\_\_\_\_  
b) EXPIRATION DATE: \_\_\_\_\_

PLEASE INCLUDE COPY OF E & O DECLARATION PAGE OR YOUR INSURER'S  
CERTIFICATION OF COVERAGE

8. INSURANCE PRODUCER'S BOND:

a) NAME OF INSURER \_\_\_\_\_  
b) BOND # \_\_\_\_\_  
c) BOND PENALTY - \$ \_\_\_\_\_ (In Illinois your bond must be equal to  
5% of the premiums brokered with markets you do not represent as an  
agent.)