



Lucantha Marine Insurance, LLC
PRODUCER PROFILE

Please complete this form in its entirety. Please remember to include: Signed Lucantha Marine Insurance Producer Agreement, Producer Profile, W-9 form and a Dec Page copy of your current E&O insurance coverage. Return the completed information to Jessica Waterhouse at jessica@lucantha.com.

Agency Name:		FEIN/TIN:	
DBA:			
Mailing Address:	Street: _____		
	City: _____	State: _____	Zip Code: _____
Physical Address:	Street: _____		
	City: _____	State: _____	Zip Code: _____
Phone	Fax	Email	Website

Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other	
Type of Producer:	<input type="checkbox"/> Agent	<input type="checkbox"/> Broker	<input type="checkbox"/> MGA	<input type="checkbox"/> National Broker	<input type="checkbox"/> Other

Current Insurance Carriers & Premium \$	

Primary Contacts	
Marketing/ Underwriting	Name: _____ Title: _____
	Phone: _____ Email: _____
Accounting	Name: _____ Title: _____
	Billing Address: _____
	Phone: _____ Email: _____

Completed by: _____ Title: _____ Date: _____