



Producer Information Form

INSTRUCTIONS: PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT IT WITH YOUR PRODUCER AGREEMENT. USING THE TAB KEY TO NAVIGATE THROUGH THE FORM, COMPLETE THE REQUESTED INFORMATION IN THE GRAY BOXES. ONCE COMPLETED, FORWARD THIS DOCUMENT TO COMPLIANCE@CIMAWorld.COM OR FAX TO 703-778-7381.

Date Online Agreement Accepted; formatted dd/mm/yy (*Required):

Name of Producer:

(Please show full name of agency or individual)

Address:

Address:

City:

State:

Zip:

Agency Contact:

Phone:

Fax:

Email Address:

Select one of the following:

If "other," please explain:

Tax ID number:

(If commissions are paid to corporation or partnership)

Social Security number:

(If commissions are paid to individual or Sole Proprietorship)

Please check here if you would like for CIMA to send you a W-9 form so you do not need to provide your Social Security number on this application:

Your Professional Liability Insurer:

Your Professional Liability Policy Number:

Policy Expiration Date; formatted (mm/dd/yy):

Agency license number for state in which insurance is being requested:

Agency license expiration date: formatted (mm/dd/yy):

Agent Name:

Agent license number for state in which insurance is being requested:

Agent license expiration date: formatted (mm/dd/yy):
