



ORIGIN Producer Appointment Profile/Marketing SPECIALTY

(For Origin use only)

| | | | |
|-----|---|----------------------|---|
| 1. | How did you hear about us? | Broker / Underwriter | |
| | Print Ad Email Ad | Name: | Internet Marketing |
| 2. | Legal Name of Producer / Agency/ DBA: | | |
| 3. | Mailing Address: | | |
| | City | State | Zip Code |
| 4. | Physical Address: | | |
| | City | State | Zip Code |
| 5. | Telephone: | Fax: | Website: |
| 6. | Producer is: (check one) | Individual | Partnership Corporation |
| 7. | Are you a: | Retailer | Wholesaler |
| 8. | Name of Principal(s) and Marketing Contacts – please include title and email address (attach 2 nd sheet if necessary) | | |
| | Contact Name (Including Principal) | Title | Email Address (Required Information) |
| | | | |
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| | | | |
| 9. | Please Note: Origin Specialty is a paperless work environment. We prefer to email policies to you. Please provide an email address for policy distribution. | | |
| 10. | Agency's Total Written Premium \$ | | |
| 11. | Does the agency specialize in specific niche markets or is the agency a generalist? | | |
| 12. | What % of your WC Business is placed as a Package vs Monoline | _____ % | vs _____ % |

| 13. | Please indicate premium for the following classes in which you have written business during the past twelve months or check the classes that you have an interest in developing: | | | | | | | |
|------------------------|--|----|-----------------|-----------------------|------------------------------|----|-----------------|----------|
| | Property / Casualty Classes | | Written Premium | Interest | Property / Casualty Classes | | Written Premium | Interest |
| | Agriculture/ Farm Insurance | | \$ | | Liquor Liability | | \$ | |
| | Allied Medical | | \$ | | Misc. Professional Liability | | \$ | |
| | Amateur Sports & Fitness Center | | \$ | | Pollution Liability | | \$ | |
| | Campgrounds and Resorts | | \$ | | Entertainment | | \$ | |
| | Commercial Auto | | \$ | | RV Parks | | \$ | |
| | Commercial GL | | \$ | | Restaurants, Bar & Tavers | | \$ | |
| | Commercial Property | | \$ | | Specialty Programs | | \$ | |
| | Construction | | \$ | | Umbrella | | \$ | |
| | Distributors | | \$ | | Workers Compensation | | \$ | |
| | Energy/Oil & Gas | | \$ | | Life & Health Classes | | Written Premium | Interest |
| | Garage Liability | | \$ | | Life | | \$ | |
| | Guides & Outfitters | | \$ | | Health/ Medical | | \$ | |
| | Hotel/ Motel | | \$ | | Occupational Accident | | \$ | |
| Ins. Agents/ Adjusters | | \$ | | AD&D / Other Accident | | \$ | | |
| Kidnap/ Ransom | | \$ | | Other | | \$ | | |
| 14. | List your top Five Carriers and Written Premium: | | A | | | | | |
| | | | B | | | | | |
| | | | C | | | | | |
| | | | D | | | | | |
| | | | E | | | | | |
| 15. | List your top two Wholesaler or MGA Partner and Written Premium: | | A | | | | | |
| | | | B | | | | | |

Please email to appointments@origin-specialty.com and upon approval of appointment we will obtain additional information on licenses and insurance.