



### New Producer Information:

1. Name of Agency:

2. Address:

3. City:

4. State/Zip Code:

5. Website Address:

6. Agency Phone Number:

7. Contact/Sales/Customer Service/Accounting:  
(Please see end-of-form to add additional employees)

Name:

Years of Experience in Insurance:

Dept:

Email:

### Agency Information:

1. Date Established:

2. Agency E&O Coverage:

a. Carrier:

b. Policy Period:

3. Workers Compensation Insurance:

a. Volume: \$

b. Avg. Premium Size WC Policy: \$

4. Appointed Carriers your Agency currently writes Workers Compensation Coverage with:

a.

b.

c.

d.

5. Other WC Wholesalers you may work with (if any):

a.

b.

6. Niche Industry your Agency may work on:

### Cluett WC Programs You Are Interested In:

- Restaurant Program w/Delivery
- Large Restaurant Program
- Church Program
- Bed & Breakfast Program
- Nanny Program
- Retail Program
- Property Management Program

- Construction Risks
  - w/No Prior Coverage
  - w/Lapse in Coverage
- Transportation Risks
- Health Industry Risks
- Risks with Large Mods
- Hard to Place Risks
- Non-Construction Risks
  - w/No Prior & Lapse

- Workers Comp Deductible Program
- Retrospective Rating Program
- Safety Groups
- Loss Ratio Dividend Plans

Working with our PEO Underwriting Unit

### Additional Employee Schedule:

Name:

Years of Experience in Insurance:

Dept:

Email:

Name:

Years of Experience in Insurance:

Dept:

Email:

Name:

Years of Experience in Insurance:

Dept:

Email:

Attach list of additional employees as needed.

To ensure that you receive our emails, please add [cluett@insurancemarketinfo.com](mailto:cluett@insurancemarketinfo.com) to your Safe Senders list.  
[How to add Cluett to your Safe Senders list.](#)

Please Click Here to Submit the Completed Form.

**SUBMIT**