



International Gateway Insurance Brokers
A World Insurance & Assistance Company
1-800-423-2646
www.igib.com

FAX (619)427 5274

PRODUCER PROFILE FOR AGENCY APPOINTMENT

Agency Name (DBA): _____

Exact Name on License: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Individual _____ Partnership _____ Corporation _____

Insurance License#: _____ (Please attach copy)

*Errors & Omissions Information (attach copy of declaration page)

Name (Owners or Officers)

Title: INSURANCE EXPERIENCE YEARS

CREDIT REFERENCES:

Bank account Information:

Name of the bank: _____ Bank Contact: _____

Address: _____ State: _____ Zip code: _____

Trust Account#: _____

Person Completing Questionnaire:

Title: _____ Signature: _____

PRIOR MEXICO INSURANCE EXPERIENCE

Has your agency previously written Mexico Insurance?

If your answer is yes please list the name of the Mexico Insurance Company through which you placed your Mexico Insurance Business and the name of the California Surplus line Broker you worked with:

Mexico Insurance Company:

COMPANY USE ONLY

Agent Code# _____ Commission%: _____

Supplies Delivered? Mailed: _____ Date: _____

Type of Products:

Auto _____ Watercraft _____ Aircraft _____ Homeowners _____ Commercial _____

Northbound _____

Commission Rates: 25% on auto, standard rates on watercraft, aircraft and homeowners.

Special Conditions:

Sub- Agents: yes _____ no _____ *If yes attach sub- agent's information with commission rates