

**Blue Oak Specialty Insurance Services, Inc.**

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| **PRODUCER INFORMATION** | | | |
| **Full Trading Name of Business:** | | | |
| **Dba:** | | | |
| **Physical Street Address:** | | | |
| **City:** | **State:** | | **9 Digit Zip:** |
| **Mailing Address: (If different from above):** | | | |
| **City:** | **State:** | | **9 Digit Zip:** |
| **Phone Number:** | | **Fax Number:** | |
| **Federal Tax ID Number:** | | | |
| **Company Web Site: http://www.** | | | |
| **Producer Contact Name:** | | | |
| **Producer Cell Phone No.:** | | **Producer Email:** | |
| **Office Mgr. Contact Name:** | | | |
| **Office Mgr. Contact Phone No.:** | | **Office Mgr. Contact Email:** | |
| **Accounting Contact Name:** | | | |
| **Accounting Contact Phone No.:** | | **Accounting Contact Email:** | |
| **Appointed with GMAC Risk Services, Inc.?** | | | |
| **Other Major Company Appointments:** | | | |
| **Please attach a copy of the following and return with this form:** | | | |
| **Insurance License Number:** | | **Expiry Date:** | |
| **E&O Policy Number** | | **Expiry Date:** | |
| **Surplus Lines License Number:** | | **Expiry Date:** | |
| **Non-resident Licenses: Please list States and expiry dates on separate sheet and attach copies** | | | |