

**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** |