

# Parr Insurance Brokerage, Inc.

## Producer Questionnaire

For our records and to comply with certain requirements from The Illinois Department of Insurance, we need the following information from all our producers. Please complete this form and return it to us at your earliest convenience.

PRODUCER'S EXACT NAME AND ADDRESS:

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PRODUCER'S ENTITY TYPE (CHECK ONE):

- Sole Proprietor \*\* d/b/a name: \_\_\_\_\_  
**\*\* All Sole Proprietors' will be required to complete a W-9 form.**  
 Partnership  
 Corporation  
 Limited Liability  
 Limited Liability Partnership

PRODUCER'S PHONE NUMBER: \_\_\_\_\_

PRODUCER'S FAX NUMBER: \_\_\_\_\_

PRODUCER'S EMAIL ADDRESS: \_\_\_\_\_

PRODUCER'S LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER AND/OR EMPLOYER'S IDENTIFICATION NUMBER:

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NAME OF BONDING COMPANY AND BOND NUMBER:

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NAME AND LICENSE NUMBERS OF OTHER AGENTS/BROKERS PRESENTLY IN YOUR OFFICE:

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NAME OF BANK USED FOR PREMIUM TRUST FUND ACCOUNT:

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NAME OF YOUR INSURANCE CARRIER FOR ERRORS & OMISSIONS COVERAGE AND LIMIT  
(Attach copy of Dec Page or Certificate of Insurance)

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ACCOUNTING DEPARTMENT CONTACT INFORMATION

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I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature \_\_\_\_\_

**PLEASE NOTE :**

We are required to have a PHOTOCOPY of all current producer licenses in our files. Please attach a copy of your license to this completed form.

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