

PRODUCER INFORMATION

PRODUCER NAME: _____

CHECKLIST

Thank you for your interest in PacStar General Insurance Agency, Inc. In order for us to process your request, please provide the following information:

- PRODUCER QUESTIONNAIRE
- COPY OF YOUR LICENSE
- COPY OF YOUR E & O CERTIFICATE OR DECLARATION PAGE
- COPY OF YOUR BOND (CA ONLY)
- COPY OF LOSS RATIO (FROM THREE DIFFERENT CARRIERS)
- COMPLETED AND SIGNED ACH FORM (PAYMENTS) ATTACH VOIDED CHECK
- COMPLETED AND SIGNED ACH FORM (COMMISSION) ATTACH VOIDED CHECK
- COMPLETE AND SIGNED W-9

COMPARATIVE RATER (LIST)

- NONE FSC ITC EZ LYNX
 - QUICK QUOTE MULTICO OTHER _____
- RATER # _____ ADR# _____

CONTACT INFORMATION

EMAIL ADDRESS (MUST ENTER): _____

EMAIL ADDRESS FOR COMMISSION (IF DIFFERENT): _____

AGENCY WEBSITE: _____ # OF OFFICE LOCATIONS: _____

MAIL CORRESPONDENCE TO: PRIMARY LOCATION INDIVIDUAL BRANCH OFFICE

COMMISSION REPORTS TO: PRIMARY LOCATION INDIVIDUAL BRANCH OFFICE

MAIL ALL DOCUMENTS TO

OR FAX TO

PACSTAR GENERAL INSURANCE AGENCY, INC.
ATTN: MARKETING DEPARTMENT
PO BOX 509020 SAN DIEGO, CA 92150-9020

(858) 790-3355