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Producer Number: \_\_\_\_\_

**Producer Appointment Profile - Hotel Program**

Legal Name of Producer \_\_\_\_\_

Principal Location \_\_\_\_\_  
STREET ADDRESS CITY STATE / ZIP (Attach separate sheet for additional locations)

Mailing Address \_\_\_\_\_

Type of Operation \_\_\_\_\_ # Offices / Branches \_\_\_\_\_  
SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

Agency E & O Carrier \_\_\_\_\_  
INCLUDE E & O CARRIER, POLICY LIMITS & EXPRATION DATE (MUST SEND COPY OF DECLARATIONS PAGE)

Year Business Established \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Federal ID # or SSN If individual \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

Licenses: **Please send copies of state licenses**

Resident	States:	_____
Non-Resident	States:	_____
Surplus Lines	States:	_____

**Use separate sheet if necessary**

Contact Names (including Principal)	Ext. #	Title	Duties - Lines Handled	E-Mail Address

Total Hotel / Motel Premium Volume - Last 3 Years:		Top 3 Carriers in Office		Premium Volume
Year:	\$	1)		
Year:	\$	2)		
Year:	\$	3)		

Anticipated Pemium Volume 1st Year \_\_\_\_\_ 2nd Year \_\_\_\_\_

What states do you anticipate writing in: \_\_\_\_\_

Contact on Collection Matters in Your Firm? \_\_\_\_\_

**Please attach and return with this form, copies of your licenses, D&O Declarations Page, completed W-9 Form and a signed and duly executed Brokerage Agreement.**