



This form is for New Brokers only. Active Brokers do not need to fill this out more than once.

ASSOCIATED UNDERWRITERS, INC.

309 N. Stuart Place Road, Harlingen, Texas 78552 / Toll Free 1-877-506-5220 / Fax (270) 714-7327

PRODUCER SET-UP

PRODUCER ID: (TBA) # _____ Date: _____

PRODUCER NAME: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

STATEMENT ADDRESS: _____

TELEPHONE #: _____ FAX#: _____

E-MAIL: _____ WEBSITE: _____

SURPLUS LINES LICENSE #: _____

BROKERS LICENSE #: _____

E & O CARRIER: _____ POLICY # _____

LIMITS: _____ EFF. DATE: _____

FED. TAX ID: _____

PLEASE (X) CHECK THE FOLLOWING THAT APPLY:

TYPE OF OWNERSHIP:

PUBLICLY HELD CORP PRIVATELY HELD CORP JOINT VENTURE

PARTNERSHIP INDIVID./SOLE PROPRIETORSHIP ORGANIZATION

TYPE OF LOCATION: SINGLE LOCATION ENTITY (OR) MULTI-LOCATION ENTITY

WE ARE: HOME OFFICE (OR) BRANCH OFFICE

PREPARED BY: _____ Date: _____

(Signature)

APPROVED BY: _____ Date: _____

(For Associated Underwriters, Inc.)

**SELECT PREFERRED METHOD OF RECEIVING YOUR
OCCUPATIONAL ACCIDENT KIT & FUTURE UPDATES.**

E-mail Fax Postal Mail

(Please Check One)

PLEASE COMPLETE & FAX THIS FORM TO 270-714-7327