

DRICKARDTM Insurance

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(607) 843-8860 Fax (607) 843-5519 insurance@drickardinsurance.com
www.drickardinsurance.com

Outside Brokers Fact Sheet

Agency Name: _____

Principal Broker's Name: _____

NYS DFS BR License Number: _____ (attach copy)

Contact Phone Numbers: _____

Email: _____

Mailing Address:

Principle Location Address:

Other Locations:

Employee Brokers

List employee brokers you wish to authorize to access business with us.

Name: _____ BR License Number: _____
(attach copy)

Name: _____ BR License Number: _____
(attach copy)

Name: _____ BR License Number: _____
(attach copy)

Name: _____ BR License Number: _____
(attach copy)

Name: _____ BR License Number: _____
(attach copy)

Communities of primary sales focus: _____

Programs Interest

Check the outside broker's programs you wish to enroll in: _____ Finders _____ Brokers

If you wish access to the DRickard Insurance/Madison Mutual Insurance Company's Renovation Program list you MMIC producer number _____.

E&O

List your E&O carrier _____, Policy Number _____,

Coverage _____ and Retention _____.

(attach copy of current declaration page)

This is not a brokerage agreement.

Rvs 11-17-2015