

**G. J. SULLIVAN CO.  
FARMERS AGENT  
PRODUCER DATA SHEET**

**Please provide us with the following information:**

NAME: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NO.: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

S.S. NO./TAX I.D. NO.: \_\_\_\_\_  
(NO 1099'S PROVIDED)

CORPORATE OFFICERS NAME(S): \_\_\_\_\_

STATE AGENT NUMBER: \_\_\_\_\_

STATE BROKER NUMBER: \_\_\_\_\_

BANK NAME:  
(TRUST ACCOUNT) \_\_\_\_\_

MGA/SURPLUS LINES BROKERS  
YOU NOW DO BUSINESS WITH: \_\_\_\_\_

FARMERS AGENT # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please attach the following items:**

- |   |   |
|---|---|
| 1) Copy of Producer's license               | 3) Signed Producer Agreement Completed and signed |
| 2) Completed and signed Producer Data Sheet | 4) Proof of E&O Insurance (\$1,000,000 Limit)     |
| 5) Completed and signed W-9                 | 6) Payment Terms initialed                        |