



2121 North California Blvd., Suite 1010
Walnut Creek, CA 94596
(888) 626-1160

**PRODUCER APPLICATION FOR
MEDAMERICA MUTUAL RISK RETENTION GROUP**

Agency Name _____

Producer Name _____

Address _____

Business Phone _____ Cell Phone _____

Fax _____ E-Mail _____

Website URL _____

What percentage of your book is medical professional liability? _____

What percentage of that book is emergency medicine exposure? _____

How long have you been selling medical professional liability insurance? _____

What states are you licensed in? _____

Please include a copy of your W9, a copy of your E&O certificate of insurance, your audited financial statements, and any marketing materials you have for your agency.

Signature _____ Title _____ Date _____