Referral Form Property & Casualty

Date:_____ NPN Producer No:_____

Referring Agent/Agency Name:_____

Contact No.:_____**Email**:_____

Customer Information

Name of Contact(s):_____

Business Name (if applicable):_____

Address:_____

_____Website:_____

Contact No:_____Email:_____

Desired Line(s) of Coverage

☐ Personal Lines Line(s) of Coverage:_____

☐ Commercial Lines Line(s) of Coverage:_____

Notes – What else can you tell us?

Suggestions: Date of Birth/Description of Operations/Sales/No. of EE's/Payroll/Problems or Concerns

_____

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Once completed you can Email this form along with declaration pages and any other correspondence to commercial@midwestga.com, personal@midwestga.com or fax to 847-640-8011.

This form is for those agents/agencies with a Referral Agreement in place. Agent must have an insurance license in order to receive commission and/or referral fee.

Thank you for your continued confidence in our agency!