

BLACKTHORN INSURANCE UNDERWRITERS, LLC

PO Box 2027, Friday Harbor, WA 98250
360-378-2033

OPERATING INFORMATION:

Name:	
Address:	
City, State, Zip:	
Mailing address if different from above:	
Telephone number:	

LICENSE INFORMATION: Please attach a copy of your agency license and E&O dec sheet

Exact license name:		
License number:		Expiration Date:

AGENCY INFORMATION:

Type of entity: (circle one)	Partnership	Corporation	Individual
SS or IRS number:	Year established:		

PRINCIPALS: Please attach copies of all applicable licenses

Name:	Title:	Yrs in Business:

E&O INFORMATION:

Carrier:	Policy number:
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BANK INFORMATION:

Name and address:	Prem Trust Acct #:
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AGENCY CONTACTS:

	Name:	Email address:
Underwriting:		
Accounting:		

Your expected annual volume with Blackthorn: \$ _____

Your total commercial volume: \$ _____

Agency specialties: _____