

Client Code:

# Producer's Transaction Sheet

Producer:

New \_\_\_\_\_ Renewal \_\_\_\_\_ Today's Date \_\_\_\_\_

Insured's Name \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Ph # \_\_\_\_\_ Fax # \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

Producer Ordered Coverage \_\_\_\_\_ CSR To Order Coverage \_\_\_\_\_

**\*\*\*Initial Appropriate Box\*\*\***

Coverage Bound Fax Confirmation Received & Attached Yes No

**\*\*\*Circle One\*\*\***

Issuing Company \_\_\_\_\_

MGA \_\_\_\_\_ Contact \_\_\_\_\_

Type of Insurance \_\_\_\_\_

Billing Mode: Agency \_\_\_\_\_ Direct \_\_\_\_\_

Money Collected \_\_\_\_\_ Financed with \_\_\_\_\_

Pure Premium \_\_\_\_\_ Policy Fee \_\_\_\_\_

Taxes \_\_\_\_\_ STX Inspection Fee \_\_\_\_\_

MGA Broker Fee \_\_\_\_\_ BKR

Agent Fee \_\_\_\_\_ (kept by Agency)

Total Premium \_\_\_\_\_ Commission \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

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