



BROKER INFORMATION FORM

Please complete the following broker information form so Lancet and our staff can better serve your firm. If individual brokers have different account executives or addresses, please complete this form for each broker.

1. Broker Name: _____

2. Agency Name: _____

3. Main Office Address: _____

Phone: _____

Email: _____

Fax: _____

4. Mailing Address (if different): _____

5. Office Manager: _____

Phone: _____

Email: _____

6. Accounting Manager: _____

Phone: _____

Email: _____

7. Account Executive: _____

Phone: _____

Email: _____

8. In which states are you licensed and writing business? _____

9. Years in business: _____

10. Total professional/medical liability book of business: _____



11. What companies do you represent in the medical liability business? _____

12. Lancet automatically emails you a copy of all new policies. Do you prefer a hardcopy?
Yes/No

13. Do you want Lancet to send a hardcopy policy to the insured? Yes/No

14. How can Lancet better service you and your clients? _____
