



AGENCY UPDATE FORM

Agency Name: _____ Agent #: _____ Date: _____

Please provide us with your current License, E&O Declarations, and W-9 Form with the information below so that we can keep your agency file up to date.

Location Address: _____ Business or
City/State/Zip: _____ Residence

Mailing Address: _____

City/State/Zip: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website: _____ Primary Email: _____

Owner(s) of Agency:

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

DASHBOARD

Administrator (rights to add/delete users):

Name: _____ Email: _____

RT Specialty will notify you via email when a policy or endorsement has been issued. The email will direct you to the online dashboard. Please specify email contacts if different from above:

Commercial Lines policy and endorsements e-mail: _____

Personal Lines policy and endorsements e-mail: _____

If you have a bill pay administrator or accounting contact other than names listed above, please specify here:

Name: _____ Email: _____

*You will now have to deliver the proper policy documents to your insured and any mortgagee unless the policy is a direct bill policy from personal lines



Accounting Contacts:

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Premium Finance Contact:

Name/Title: _____ Email: _____

Commercial Lines Contacts:

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Personal Lines Contacts:

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Transportation Contacts:

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____



List all Insurance Companies and Managing General Agents/Wholesalers with whom you currently do business.

<u>Insurance Companies</u>	<u>Premium Volume</u>	<u>Commercial Lines</u>	<u>Personal Lines</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<u>MGA / Wholesalers</u>	<u>Premium Volume</u>	
_____	_____	<div style="border: 2px solid blue; border-radius: 15px; padding: 10px;"> Agency Annual Prem Volume: _____ Number of Employees: _____ <u>Mix of Business (%)</u> Commercial Lines: _____ Personal Lines: _____ </div>
_____	_____	
_____	_____	
_____	_____	

Please return the completed form to the RT Specialty Business Development Department:

Email: brokerfileupdate@myronsteves.com

Facsimile: 713.351.8340