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**AUTOMOTIVE RISK MANAGEMENT & INSURANCE SERVICES, INC.**

Complete Insurance and Risk Management Services for the Transportation Industry

PRODUCER INFORMATION		
Full Trading Name of Business:		
Dba:		
Physical Street Address:		
City:	State:	9 Digit Zip:
Mailing Address: (If different from above)		
City:	State:	9 Digit Zip:
Phone Number:		Fax Number:
Federal Tax Id. Number:		
Company Web Site: <a href="http://www.">http://www.</a>		
Producer Contact Name:		
Producer Cell Phone No.:		Producer Email:
Office Mgr. Contact Name:		
Office Mgr. Contact Phone No.:		Office Mgr. Contact Email:
Accounting Contact Name:		
Acct. Contact Phone No.:		Acct. Contact Email:
Appointed with CNA?		Appointed with GMAC Risk Services, Inc.
Other Major Company Appointments:		
Please attach a copy of the following and return with this form:		
Insurance License Number:		Expiry Date:
E&O Policy Number:		Expiry Date:
Surplus Lines License Number:		Expiry Date:
Non-resident Licenses: Please list States and expiry dates on separate sheet and attach copies.		