

Please print and complete the agent profile and fax to the fax number indicated at the bottom of the page.
If you prefer you can scan and email to: gblackwell@malpractice4docs.com

AGENCY NAME: _____

Legal Name if Different: _____

Address: _____

Delivery if different: _____

Primary Producer: _____
Phone: _____
Cell: _____
Email: _____

Other Producers: _____

CSR or Assistant: _____

Agency Principle: _____

Agency Accounting: _____

Have you ever produced Medical Mal Practice Insurance? Yes ___ No ___

Discuss: _____

Do you currently represent any med mal insurance companies? Yes? ___ No? ___

Discuss: _____

Fax to: AMED Insurance Brokers.
Attn: Jenny Lusk, Mktg. Assistant
850-8371014