



Western Experts  
in  
Transportation

## Producer's Data Sheet

1. **Name of Broker** (As Licensed): \_\_\_\_\_  
**DBA** (if any): \_\_\_\_\_
2. **Street Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
3. **Nature of Business:** Individual    Partnership    Corporation  
Please provide your Employer Identification Number or Social Security Number  
\_\_\_\_\_
4. **Broker's License Number:** \_\_\_\_\_
5. **Brief history of your firm** (Date Established, Successions, Branches, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Have you done business under any other name?** \_\_\_\_\_
7. **Name of bank where Trust Account maintained:** \_\_\_\_\_  
Branch Address: \_\_\_\_\_ Trust Acct # \_\_\_\_\_
8. **Errors & Omissions Carrier** \_\_\_\_\_  
E & O Policy Limit: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

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**Signature** (Owner or Officer)

**Date**

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