

**OUTDOOR SPORTS AND RECREATION INSURANCE**  
**AGENCY PRODUCER INFORMATION**



application # 23145

**SUBMISSION DATE:** \_\_\_\_\_ **SEND TO:** [www.firearmsins.com](http://www.firearmsins.com) 877-451-0669  
[compliance@firearmsins.com](mailto:compliance@firearmsins.com) FX: 678.664.0602

**YOUR AGENCY NAME:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

PLEASE LIST **STATES IN WHICH YOU ARE LICENSED** AND ACTIVELY WRITE BUSINESS:

(Please provide a copy of your Agency/Producer license for each)

\_\_\_\_\_

**ENTITY TYPE:** INDIVIDUAL INC LLC PARTNERSHIP OTHER \_\_\_\_\_

**TAX ID #** \_\_\_\_\_ **AGENCY WEBSITE:** \_\_\_\_\_

PROJECTED # OF INSUREDS AGENCY BRINGS TO THIS PROGRAM: \_\_\_\_\_ ANNUALLY \_\_\_\_\_

YEAR AGENCY ESTABLISHED \_\_\_\_\_ YEARS OF PRESENT OWNERSHIP \_\_\_\_\_

**E&O** CARRIER \_\_\_\_\_ LIMITS \_\_\_\_\_ DED \_\_\_\_\_ EXP DATE \_\_\_\_\_  
(OCC/AG) \_\_\_\_\_

**Crime Fidelity** CARRIER \_\_\_\_\_ LIMITS \_\_\_\_\_ DED \_\_\_\_\_ EXP DATE \_\_\_\_\_  
(OCC/AG) \_\_\_\_\_

**Cyber** CARRIER \_\_\_\_\_ LIMITS \_\_\_\_\_ DED \_\_\_\_\_ EXP DATE \_\_\_\_\_  
(OCC/AG) \_\_\_\_\_

The **Outdoor Sports and Recreation Program** is  
an affiliate of GREAT SOUTHERN AGENCY LLC Carrollton GA NPN 14927635



Doing Business in California as OSAR Insurance Agency 0M94428



**Banking Affiliations**

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**AGENCY PRINCIPALS**

NAME	NPN	ROLE	Yrs Ins Exp
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ADDITIONAL INFORMATION ON OTHER PRINCIPALS/PRODUCERS THAT WILL HELP OUR RELATIONSHIP:**

(Please comment below)



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**AGENCY PERFORMANCE HISTORY**

<u>YEAR</u>	<u>PERSONAL</u>	<u>COMMERCIAL</u>	<u>TOTAL</u>	<u>% SPECIALTY</u>
CURRENT YEAR GWP*	_____	_____	_____	_____
1ST PRIOR GWP*	_____	_____	_____	_____
2ND PRIOR GWP*	_____	_____	_____	_____

**PROJECTED PRODUCTION PREMIUMS IN OSAR (IN DOLLARS, ROUNDED TO THE NEAREST HUNDRED)**

<u>TYPE OF BUSINESS</u>	<u>PRESENT GWP*</u>	<u># ACCTS</u>	<u>LOSS RATIO</u>	<u>PROJECTED</u> (12 month GWP*)
INDOOR RECREATION	_____	_____	_____	_____
OUTDOOR RECREATION	_____	_____	_____	_____
RETAIL ONLY	_____	_____	_____	_____

\*Gross Written Premium

I REPRESENT THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AS OF \_\_\_\_\_.  
 I AGREE TO NOTIFY GREAT SOUTHERN AGENCY OF ANY MATERIAL CHANGES IN OWNERSHIP OR OPERATIONS **WITHIN 30 DAYS**.

AUTHORIZED SIGNATURE OF PRINCIPAL OFFICER: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL DOCUMENTATION REQUIRED TO COMPLETE:**

- \_\_\_\_\_ LISTING OF ALL LICENSE NUMBERS FOR ALL PRODUCERS/AGENTS/CSR'S
- \_\_\_\_\_ AGENCY LICENSES IMAGE
- \_\_\_\_\_ IMAGE OF CURRENT E&O DEC PAGES
- \_\_\_\_\_ W-9

QUESTIONS/DISCUSSIONS? Email Angie at [compliance@firearmsins.com](mailto:compliance@firearmsins.com)

**\*\*PLEASE RETURN COMPLETED DOCUMENT TO OSR USING THE CONTACT INFORMATION ON FIRST PAGE\*\***



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