

**BLACKTHORN INSURANCE UNDERWRITERS, LLC**  
PO Box 2027, Friday Harbor, WA 98250  
360-378-2033

**OPERATING INFORMATION:**

Name:	
Address:	
City, State, Zip:	
Mailing address if different from above:	
Telephone number:	

**LICENSE INFORMATION:** Please attach a copy of your agency license and E&O dec sheet

Exact license name:		
License number:		Expiration Date:

**AGENCY INFORMATION:**

Type of entity: (circle one)	Partnership	Corporation	Individual
SS or IRS number:	Year established:		

**PRINCIPALS:** Please attach copies of all applicable licenses

Name:	Title:	Yrs in Business:

**E&O INFORMATION:**

Carrier:	Policy number:
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**BANK INFORMATION:**

Name and address:	Prem Trust Acct #:
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**AGENCY CONTACTS:**

	Name:	Email address:
Underwriting:		
Accounting:		

Your expected annual volume with Blackthorn: \$\_\_\_\_\_

Your total commercial volume: \$\_\_\_\_\_

Agency specialties: \_\_\_\_\_