



PROFESSIONAL PROGRAM
INSURANCE BROKERAGE

Division of SPG Insurance Solutions, LLC

Dear Broker:

Thank you for your interest in Professional Program Insurance Brokerage! We're excited to share our unique, proprietary programs designed to serve a wide range of fast-growing industries. We pride ourselves on delivering quick and reliable service—most submissions are quoted within 2 business days. We look forward to working with you!

Our most Popular Programs are as follows:

Agritainment	E-Cig Products	Permanent Cosmetics	Smoke Shops
CBD & Hemp	Labs & Clinics	Permanent Jewelry	Tattoo & Body Piercing
Beauty & Aesthetics	Laser Centers	Podcasts	Weight Loss Clinics
Cryotherapy	Medical Directors	Products Liability	Wellness Centers
Day Spas	Medispas	Pyrotechnics	Sexual Abuse

To write business through PPIB, please return the following documentation to generaladmin@ppibcorp.com:

- Completed Producer Profile (attached)
- Licenses required for states in which you will be writing, including any surplus lines licenses
- Completed W9
- E&O Dec page

Once we receive the necessary items, your broker agreement will be prepared and sent to you digitally for signature. In the meantime, you're welcome to submit risks on the applications found on our [website](#) to submissions@ppibcorp.com. We're happy to provide quotes while your setup is being finalized, but please note that all steps must be completed before coverage can be bound.

Thank you for your response and your interest in our program. Our goal is to make doing business with us as seamless and efficient as possible while striving to become your go-to partner for placing these specialized classes of business.

Regards,

PPIB



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PRODUCER PROFILE

STANDARD INFORMATION

Date of Request: _____

Please attach the following information along with the completed form to
generaladmin@ppibcorp.com:

1. Copy of E&O
2. W-9
3. State License Information (all property / casualty agency and individual + surplus lines, if applicable)

COMPANY INFORMATION

Type of Broker: Retailer Wholesaler-if yes, do you wish to file your own taxes? Yes No

Agency Name: _____

FEIN or SSN (if individual): _____

Agent's NPN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Accounting Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Other Agency Office Locations (if applicable):

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Please use additional sheets to include additional contacts.

Principal:

Name: _____ Title: _____

Phone#: _____ Email: _____

Accounting Contact:

Name: _____ Title: _____

Phone#: _____ Email: _____

Compliance Contact:

(Required - needed to deliver agency statements)

Name: _____ Title: _____

Phone#: _____ Email: _____

Portal Administrator Contact:

(Agency contact responsible for registering employees for PPIB portal access.)

Name: _____ Title: _____

Phone#: _____ Email: _____

Individual/Agent Contact:

Name: _____ Title: _____

Phone#: _____ Email: _____

Individual/Agent Contact:

Name: _____ Title: _____

Phone#: _____ Email: _____

Individual/Agent Contact:

Name: _____ Title: _____

Phone#: _____ Email: _____