

# District of Columbia Property Insurance Facility

3290 N Ridge Road, Suite 210  
Ellicott City, MD 21043  
Telephone: 410-539-6808 or  
800-492-5670  
Fax: 410-244-7268

Date \_\_\_\_\_

## PRODUCER FORM

**TO: District of Columbia Property Insurance Facility Fax Number 410-244-7268**

From: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of Licensed Producer/Company

**RE: District of Columbia Insurance Certificate of Qualification-**

As you know, the DCPIF has no agents but will accept applications from an individual(s) designated licensed Insurance Producer. Therefore, producers who solicit/negotiate business on behalf of an individual(s) with the Facility are required to submit to the Facility a copy of their current District of Columbia Certificate of Qualification.

**In addition, if an application is submitted under a licensed Company Name, The Facility requires a copy of the Company's District of Columbia Certificate of Qualification.**

**NOTE: If the Company Name is only a T/A then applications should be submitted only in the Producer/Broker's name. Also, please complete the following questionnaire below and FAX it back today with a copy of the current District of Columbia Certificate of Qualification to 410-244-7268.**

Name of Licensed Company/Producer \_\_\_\_\_

T/A (Trading As Name) If name is NOT licensed \_\_\_\_\_

Tax ID or Social Security Number \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email address \_\_\_\_\_

Contact Name \_\_\_\_\_ Ext \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax number \_\_\_\_\_

District of Columbia Certificate of Qualification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Insurance Agency Incorporated \_\_\_\_\_ Unincorporated \_\_\_\_\_