

South Carolina Joint Underwriting Association  
550 South Main Street, Suite 525, Greenville, SC 29601 *corporate office*  
Lock Box 932523, Atlanta, GA 31193-2523 *payment remittance address*  
864.240.5449 *main* 866.893.6270 *toll-free* 864.240.2750 *fax*  
www.scjua.com

THE SOUTH CAROLINA JUA is a not-for-profit association established to insure, support and defend South Carolina medical professionals. The association is managed by Marsh USA, Inc.

**BROKER INFORMATION FORM**

Instructions:

1. Complete, sign and date this form, then fax to the SCJUA with all required attachments. You may use this page as a fax coversheet.
2. If your agency has multiple offices, please use separate copies of this form to submit contact information and associated producers for each office. If some offices have different tax ID #'s, please include the appropriate W9 with each form.

**Important:**

- Agents are required to provide contact and license information to place coverage through the SCJUA.
- Please advise the SCJUA of any changes in the information requested by this form.
- Failure to provide the requested information or to update us of any change in your license status and E&O coverage may jeopardize your authorization to place coverage through the SCJUA.

**A. FAX COVER INFORMATION:**

**TO:**

South Carolina Joint Underwriting Association  
Attention: Teresa Anderson  
Fax #: 864-240-2750  
Phone #: 864-240-4362

**FROM:**

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Authorized Agent/Broker Representative Name

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Total # of Pages: \_\_\_\_

The information contained in this transmission is privileged and confidential. It is intended only for the use of the SCJUA. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original message to the SCJUA via the U.S. Postal Service. Thank you.

**B. GENERAL AGENCY CONTACT INFORMATION:**

1. Agency Name: \_\_\_\_\_
2. Agency Mailing Address  
 PO Box: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Agency Physical Address (If different from mailing address)  
 Street Address 1: \_\_\_\_\_  
 Street Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Agency Telephone Numbers: Main Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Website Address: \_\_\_\_\_
6. Accounting Contact:  
 6a. Name: \_\_\_\_\_ 6b. E-Mail: \_\_\_\_\_

**C. LICENSED COMMERCIAL P&C PRODUCERS:**

7. \_\_\_\_\_  
 \_\_\_\_\_  
*Name* Individual SC Producer License Number  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Email Address* Direct Phone Number/EXT
8. \_\_\_\_\_  
 \_\_\_\_\_  
*Name* Individual SC Producer License Number  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Email Address* Direct Phone Number/EXT

(Please use a separate sheet if necessary for additional producer names, license numbers and contact information.)

**D. ADDITIONAL ATTACHMENTS:**

9. Please be sure to include the following attachments with this completed form.
  - 9a.  Agency W9
  - 9b.  Agency license
  - 9c.  Business letterhead
  - 9d.  Agency errors and omissions liability insurance declarations page or certificate of insurance for same.

\_\_\_\_\_  
 Authorized Agency Representative Name (Please Print)

\_\_\_\_\_  
 Signature of Authorized Agency Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

The information contained in this transmission is privileged and confidential. It is intended only for the use of the SCJUA. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original message to the SCJUA via the U.S. Postal Service. Thank you.