



PRODUCER ACCOUNT

DATE (MM/DD/YY)

TO

FROM

ACCOUNT MONTH

PAGE OF PAGES

PRODUCER CODE

COMPANY CODE

ITEMS

ITEM #	INSURED'S NAME	PRODUCER CUSTOMER ACCT NUMBER	SOLICITOR CODE	EFFECTIVE DATE (MM/DD/YY)	POLICY NUMBER	TRANS	CLASS	GROSS PREMIUM	COMMISSION RATE	NET PREMIUM DUE COMPANY
							TOTAL			