ACORD 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