

ERO REFERRAL FORM



1. REFERRING INFORMATION:

Name of Business: _____ EFIN: _____

Number of Years with River City Bank _____

Last Year's Loss Ratio _____

2. REFERRED INFORMATION:

Name of Business: _____ EFIN: _____

Address: _____

Contact Name: _____

Phone Number: (_____) _____ - _____

*The referring ERO must currently be with River City Bank and have at least one prior season with River City Bank.

Office Use Only:

Date: ____/____/____

Entered By: _____