

BROKER INFORMATION

Broker Name: _____ NPN#: _____
 Broker Date of Birth: _____ Broker SS #: _____
 Name of Agency or Broker for Commissions Payable to: _____
 If Agency, Tax ID #: _____ Please check if incorporated
 Phone: _____ Ext: _____ Fax: _____
 Email Address: _____
 Business Address: _____
 Broker Address: _____

ERRORS & OMISSIONS INSURANCE

Please attach a copy of the policy declaration page. NOTE: 1 million dollars per occurrence is required.

LIFE & HEALTH PRODUCER LICENSE

Please attach copies of current agency and the individual producer licenses for each jurisdiction in which an active license is maintained.

APPOINTMENT HISTORY

Please provide the carriers you are appointed with and your broker codes for both agent and agency. Let us know if you require additional appointments.

NOTE: Agent/Agency MUST BE appointed prior to sale or you may be in jeopardy of NOT receiving commissions.

Carrier Appointed With	Current Broker Code – Indicate whether agent or agency	Appointment Needed

Name of Individual Completing Form: _____
 Title: _____ Signature: _____
 Date: _____

EMAIL THIS FORM AND THE NECESSARY DOCUMENTS TO:
Robyn Keefe at Robyn.Keefe@BenefitMall.com

FOR INTERNAL USE ONLY	
BSE: _____	Affiliate: _____