

## BRANCH OFFICE REGISTRATION FORM

### Section I: Office Location and License Information

Agency/Brokerage Legal Entity Name:

DBA Name:

Physical Street Address of Branch Office:

City:

State:

Zip:

Brokerage License Number:

License Exp Date (MM/DD/YYYY):

Federal Employer Identification Number (FEIN):

Branch Office Phone Number:

Fax Number:

Company Website:

Insurance Brokerage Type (Check All That Apply):

Wholesaler / MGA

Retailer

Carrier

Program Manager

### Section II: Branch Office Accounting Information

Accounting Street Address If Different From Above:

City:

State:

Zip:

Accounts Payable Contact Person's Name:

Accounting Phone Number:

Accounting Email Address:

### Section III: Branch Producer or Account Manager (Commercial Client-Facing Personnel only) (Provide separate sheet if necessary.)

Producer Or Account Executive Name (Last, First, MI):

Producer Or Account Executive Phone Number:

Producer Or Account Executive Email Address:

### Section IV: Signature

I represent that I am an officer of the above Agency/Brokerage and I am a duly authorized representative of the said Agency/Brokerage with explicit authority to sign this location/branch office registration.

Signature Of Authorized Personnel:

Date (MM/DD/YYYY):

Print Name:

Email: