

# LICENSING INFORMATION FORM

**Full Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Social Security:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_

**1. Make commission checks payable to:**

Agent:

Agency\*:  Agency Tax ID#: \_\_\_\_\_

\*For commissions payable to an agency, the *responsible individual's name*: \_\_\_\_\_

Please provide the following information for commission checks made payable to an agency:

- a. Agency license
- b. Licensing information form and agent license for the designated responsible individual, (usually an officer, director or partner who will act for the corporation).

**2. Mail commission checks to:**

Business Address:

Home Address:

**3. Please attach copy of your license for Maryland or DC Groups. For Virginia groups, attach copy of a recent Letter of Certification issued by the Virginia Bureau of Insurance.**