

AGENT/AGENCY DATA SHEET

(Please print or type)

SOLICITING AGENT: _____
Last First M.I.

SSN: _____ DATE OF BIRTH: _____

RESIDENT PHYSICAL ADDRESS: _____
(include city, state and zip)

RESIDENT MAILING ADDRESS: _____
(include city, state and zip)

BUSINESS NAME: _____

BUSINESS PHYSICAL ADDRESS: _____
(include city, state and zip)

BUSINESS MAILING ADDRESS: _____
(include city, state and zip)

BUSINESS PHONE: _____ BUSINESS FAX: _____

NAME OF ENTITY RECEIVING COMMISSION: _____
(A copy of the license is required to receive commission, please attach)

FEDERAL IDENTIFICATION NUMBER (AGENCY): _____

A COPY OF YOUR LICENSE AND AGENCY LICENSE FOR EACH STATE SOLICITING BUSINESS IN WITH US IS REQUIRED WITH THIS DATA SHEET

DATE: _____ SIGNATURE: _____

Please return this information to: Tonia Spees
Special Markets Ins Consultants, Inc
2615 Post Road
Stevens Point, WI 54481
(715) 344-2281 ext. 27