

CHANGE/NEW REQUEST FORM FOR PRIMARY AGENCIES
EXECUTED PRIMARY CONTRACT REQUIRED BEFORE COMMISSION
PAYMENTS CAN COMMENCE

Please Update the Following:

- | | | |
|--|------------------|-----------|
| <input type="checkbox"/> Submitting a new Primary Agency | Lic No. | Exp. Date |
| <input type="checkbox"/> Modify an Existing Agency | Appointment Date | |
| <input type="checkbox"/> Terminate an Existing Agency | | |

Date of Submission: _____

Name: _____
(if Agency, the Designated Licensee for the Agency must submit license copy and SS# for appointment purposes)

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Tax ID: _____ SS# _____ Email Address _____

Agency Contact Person: _____

The following must be attached:

- Completed Primary Agency Agreement – Errors & Omission Certificate – Completed W-9 Form
- Corporate License PA Principal's License (Number of licenses attached: _____)
- Sales Reps License (Number of licenses attached: _____)
- Customer Service Reps License (Number of licenses attached: _____)

E & O Carrier _____

E & O Effective Date: _____ to _____

Licensed Agency Principals:

Name SS# (Attach License)

Name SS# (Attach License)

Name SS# (Attach License)

Licensed Sales People, Licensed Customer Service Reps:

_____	_____
Name	SS#
_____	_____
Name	SS#
_____	_____
Name	SS#
_____	_____
Name	SS#
_____	_____
Name	SS#
_____	_____
Name	SS#
_____	_____
Name	SS#
_____	_____
Name	SS#
_____	_____
Name	SS#

The following must be attached:

- Completed Primary Agency Agreement – Errors & Omission Certificate – Completed W-9 Form**
- Corporate License** **PA Principal’s License** **(Number of licenses attached: _____)**
- Sales Reps License** **(Number of licenses attached: _____)**
- Customer Service Reps License** **(Number of licenses attached: _____)**

Form Completed By

Date