

**Agent Licensing Info Form:****Contact: 800.318.7709 . Fax 708.636.3915**

<b>Please complete and return with your first submission of business</b>	
<b>Agent &amp; Agency Affiliation Information</b>	
Agent Name:	
Agency Name:	
URL:	
Business Phone:	
Business Fax:	
Agency street address:	
City, State and Zip:	
Mailing address (if different):	
City, State & Zip:	
Business Email:	
Agent/Agency State License Number:	
Tax ID/FEIN No.:	
E&O Carrier:	
E&O Limits of Coverage:	
<b>A copy of your agent or agency license must accompany this form along with a current copy of the E&amp;O Declarations Page.</b>	
<b>Form can be emailed, faxed or mailed: P.O. Box 1495, Bridgeview, IL 60459</b>	
Printed Name:	
Signature:	
Title:	