



# LICENSING INFORMATION AND ACKNOWLEDGEMENT

## Company Information

Agency/DBA Name \_\_\_\_\_ ARC / CLIA / Travel Guard Account Number \_\_\_\_\_

Agency Legal Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Address – Street \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address – City, State, Zip, Country \_\_\_\_\_ Fax Number \_\_\_\_\_

### Check Appropriate Box:

- Corporation: Employer Identification Number: \_\_\_\_\_
- Individual/Sole Proprietor: Owner’s Name: \_\_\_\_\_
- Sole Proprietor Tax Identification Number: \_\_\_\_\_
- Partnership: Owners’ Names: \_\_\_\_\_
- Partnerships Employer Identification Number: \_\_\_\_\_
- Tax Exempt: \_\_\_\_\_
- LLC (Please indicate below how Federal Income Tax is filed and under which EIN): \_\_\_\_\_
  
- Corporation: Employer Identification Number: \_\_\_\_\_
- Partnership: Owners’ Name(s): \_\_\_\_\_
- Partnerships Employer Identification Number: \_\_\_\_\_

## Licensing Information

Are you currently licensed to sell travel insurance in your state?  Yes  No

If yes, please attach a current copy of your license and complete the below information in full:  
If no, please fill out the information below and a licensing coordinator will contact you. Account agrees to abide by rules and regulations of their State Department of Insurance, in selling travel insurance under this Agreement, including but not limited to any rules and regulations regarding selling, soliciting or negotiating insurance. No insurance may be offered or sold under this agreement until account is appropriately licensed and appointed to sell Travel insurance.

Will account or its employees be selling, soliciting or negotiating the travel insurance to residents of the account’s domiciled state? Yes  No

Will account or its employees be selling, soliciting, or negotiating the travel insurance to residents in all other states other than the account’s domiciled state? Yes  No

Please indicate how many employees you have: \_\_\_\_\_ How many will be selling/soliciting/negotiating the insurance? \_\_\_\_\_

Does your account have branch locations? Yes  No  If so, how many? \_\_\_\_\_

Please indicate what states you will be selling, soliciting or negotiating travel insurance in other than your domiciled state:

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| AK <input type="checkbox"/> | CT <input type="checkbox"/> | IA <input type="checkbox"/> | LA <input type="checkbox"/> | MO <input type="checkbox"/> | NH <input type="checkbox"/> | OK <input type="checkbox"/> | TN <input type="checkbox"/> | WI <input type="checkbox"/> |
| AL <input type="checkbox"/> | DC <input type="checkbox"/> | ID <input type="checkbox"/> | MA <input type="checkbox"/> | MS <input type="checkbox"/> | NJ <input type="checkbox"/> | OR <input type="checkbox"/> | TX <input type="checkbox"/> | WV <input type="checkbox"/> |
| AR <input type="checkbox"/> | DE <input type="checkbox"/> | IL <input type="checkbox"/> | MD <input type="checkbox"/> | MT <input type="checkbox"/> | NM <input type="checkbox"/> | PA <input type="checkbox"/> | UT <input type="checkbox"/> | WY <input type="checkbox"/> |
| AZ <input type="checkbox"/> | FL <input type="checkbox"/> | IN <input type="checkbox"/> | ME <input type="checkbox"/> | NC <input type="checkbox"/> | NV <input type="checkbox"/> | RI <input type="checkbox"/> | VA <input type="checkbox"/> |                             |
| CA <input type="checkbox"/> | GA <input type="checkbox"/> | KS <input type="checkbox"/> | MI <input type="checkbox"/> | ND <input type="checkbox"/> | NY <input type="checkbox"/> | SC <input type="checkbox"/> | VT <input type="checkbox"/> |                             |
| CO <input type="checkbox"/> | HI <input type="checkbox"/> | KY <input type="checkbox"/> | MN <input type="checkbox"/> | NE <input type="checkbox"/> | OH <input type="checkbox"/> | SD <input type="checkbox"/> | WA <input type="checkbox"/> |                             |

In addition, if you choose "Yes" to "Will account or its employees be selling, soliciting or negotiating the travel insurance to residents of the accounts domiciled state" or "to residents in all other states other than the account's domiciled state" you will need to list employees to be licensed:

| Name (first, middle, last) | Date of Birth | Social Security Number | Address | City | State | Zip Code | Phone |
|----------------------------|---------------|------------------------|---------|------|-------|----------|-------|
|                            |               |                        |         |      |       |          |       |
|                            |               |                        |         |      |       |          |       |
|                            |               |                        |         |      |       |          |       |
|                            |               |                        |         |      |       |          |       |

By signing this Acknowledgement, I acknowledge that I am authorized to act on behalf of the Company and that the information contained in this Acknowledgement is true and accurate, to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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Travel Guard Sales Representatives Name

Territory Code