



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:

<input type="checkbox"/> Corporation: Employer Identification Number:	_____
<input type="checkbox"/> Individual/Sole Proprietor: Owner's Name:	_____
<input type="checkbox"/> Sole Proprietor Tax Identification Number:	_____
<input type="checkbox"/> Partnership: Owners' Names:	_____
<input type="checkbox"/> Partnerships Employer Identification Number:	_____
<input type="checkbox"/> Tax Exempt:	_____
<input type="checkbox"/> LLC (Please indicate below how Federal Income Tax is filed and under which EIN):	_____
<input type="checkbox"/> Corporation: Employer Identification Number:	_____
<input type="checkbox"/> Partnership: Owners' Name(s):	_____
<input type="checkbox"/> 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: _____

Travel Guard Sales Representatives Name

Territory Code