

United Insurance Management, LC Agency Information Form

GENERAL INFORMATION			
Agency ID Code	Fed Tax ID: <hr style="border: none; border-top: 1px solid black;"/>	Date	
	Social Security Number: <hr style="border: none; border-top: 1px solid black;"/>		
<i>PLEASE PROVIDE BOTH NUMBERS</i>			
Agency Name:			County:
Mailing Address:		Street Address (if not same):	
City/State/Zip:		City/State/Zip:	
Telephone:		E-Mail Address:	
Fax:		Agency is: Individual Partnership Corporation (Please circle one)	
LICENSING INFORMATION – PRINCIPALS & PRODUCERS			
Name: Agency Principal		02-20 License #	
Home Address/City/State/Zip		Date of Birth	
Non-Residence License States		License # (s)	
Name: Agency Producer		02-20 License #	
Home Address/City/State/Zip		Date of Birth	
Non-Residence License States		License # (s)	
Name: Agency Producer		02-20 License #	
Home Address/City/State/Zip		Date of Birth	
Non-Residence License States		License # (s)	
Have any of the above listed Principals & Producers pled guilty or nolo contendere to or been found guilty of a felony or a crime involving moral turpitude since becoming a licensed 02-20 agent? ρ Yes or ρ No			
If yes is checked, please attach a separate document, for each employee, describing the circumstances related to that question.			

Return this form with a copy of the 02-20 License of the one individual to be appointed:

FAIA Member Services, Inc.
Attn: Lynn White
PO Box 12129
Tallahassee, FL 32317-2129

Phone: 850-893-4155 Ext. 322
Email: lwhite@faia.com
FAX: 850-893-8002