

AGENCY UPDATE

WE NEED YOUR HELP!

Please complete this form and return to SIUPREM Marketing Department as soon as possible. Fax to (678) 498-4747

	Agency Producer Number:	Branch of:		
Business Name (dba	a):			
Legal Name:				
Mailing Address:		(Please include City, State & Zip)		
Street Address :		(Please include City, State & Zip)		
Phone #:	Fax #:	E-	Mail:	
Delivery of Notices:	Mail	Fax	Email	
Name of Principal: _	(Credit Report may be required for agency filing purposes)			
Principal's residenti	al address:	Idress:(Please include City, State & Zip)		
DOB#:		SS#:	<del>-</del>	
AGENCY LICENSE				
Name as Shown on	cipal's P & C License in this office.  State License	License Number	Individual S.S. Number	
ERRORS & OMISSIONS CARRIER:		Expiration Date:		
Enter your FIN in the ap	NTIFICATION NUMBER (FIN) opropriate box. For individuals that der	•	al security number (SSN).	
CERTIFICATION Under penalties of perjury, I of 1. The number shown on this 2. I am not subject to backup subject to backup withholding Certification Instructions. under reporting interest or div	certify that: If form is my correct taxpayer I.D. number (or withholding because: (a) I am exempt from but as a result of a failure to report all interest or You must cross out item 2 above if you have vidends on your tax return.	I am waiting for a number to be issued to ackup withholding, or (b) I have not been dividends, or © the IRS has notified me to been notified by the IRS that you are cu	o me), and notified by the Internal Revenue Service that I am hat I am no longer subject to backup withholding. rrently subject to backup withholding because of d (b) a current Error and Omissions policy is force.	
Principal's Signature			Date	