

Broker Information

Agent Name: _____ Email Address: _____

Date of Birth: _____ Social Security #: _____ Cell Phone: _____

Broker License #: _____ National Producer Number: _____ FFM ID: _____

Company Information

Agency Name: _____ Tax ID: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Agency Insurance License #: _____ Website Address: _____

Name of E&O Carrier: _____ Effective Date: _____

Are you working with a General Agency (GA) or Upline? Yes No

If Yes, GA's Name: _____

Applicable Products: _____

Payment Details

Payment Made Payable To: _____
must match W-9 information

If you plan to assign commission to an agency or individual other than yourself, please complete the Compensation Assignment form.

Commission Check Minimum Update:

Effective January 1st, 2018, ARMS Insurance Group will no longer process checks under \$250. All payments will pend until the total accumulates to over \$250; then a check will be processed.

ACH processing is not subject to this minimum and we strongly recommend that you enroll in our EFT payment program.

PLEASE RETURN WITH YOUR CURRENT RESIDENT LICENSE, E&O DEC PAGE & W-9 TO: mhenderson@ARMSins.com