

BRANCH OFFICE REGISTRATION FORM

Section I: Office Location and License Information

Agency/Brokerage Legal Entity Name:			
DBA Name:			
Physical Street Address of Branch Office:			
City:	State:	Zip:	
Brokerage License Number:		License Exp Date (DD/MM/YYYY):	
Federal Employer Identification Number (Fein):			
Branch Office Phone Number:		Fax Number:	
Company Website:			
Insurance Brokerage Type (Check All That Apply):			
<input type="checkbox"/> Wholesaler / MGA	<input type="checkbox"/> Retailer	<input type="checkbox"/> Carrier	<input type="checkbox"/> Program Manager

Section II: Branch Office Accounting Information

Accounting Street Address If Different From Above:		
City:	State:	Zip:
Accounts Payable Contact Person's Name:		
Accounting Phone Number:	Accounting Email Address:	

Section III: Producer or Account Executive Information (Provide Separate Sheet If Necessary.)

Producer Or Account Executive Name (Last, First, MI):
Producer Or Account Executive Phone Number:
Producer Or Account Executive Email Address:

Section IV: Signature

I represent that I am an officer of the above agency/brokerage and I am a duly authorized representative of the said agency/brokerage with explicit authority to sign this location/branch office registration.

This constitutes an amendment to our existing wholesale/retail brokerage agreement with Distinguished Programs Insurance Brokerage LLC and hereby authorizes the addition of this location/branch office to the said agreement.

Signature Of Authorized Personnel:	Date (MM/DD/YYYY):
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