

**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 (MM/DD/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: Branch Producer or Account Manager (Commercial Client-Facing Personnel only)**  
(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):
Print Name:	