

CHANGE/NEW REQUEST FORM FOR PRODUCING AGENCIES

TO BE USED FOR DOWNSTREAM PRODUCERS

PHOTOCOPY THIS AND SETS OF AGREEMENTS FOR FUTURE USE

Please Update the Following:

- Submitting a new Producing/Producer Agency
- Modify an Existing Agency
- Terminate an Existing Agency

Date of Submission: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Tax ID: _____ Social Security# _____

Agency Contact Person: _____ E-Mail Address _____

Flexible Benefit Plans

IF AGENCY, COMPLETE SECTION BELOW WITH REQUIRED INFORMATION
Include license copies and social security numbers for all agency individuals that will be soliciting on behalf of IBC

Designated Licensee:

_____	_____ (Attach License)
Name	SS#
_____	_____ (Attach License)
Name	SS#
_____	_____ (Attach License)
Name	SS#

