

## AGENT INFORMATION

Tax ID# \_\_\_\_\_ **or** Social Security# \_\_\_\_\_

Are you incorporated? Yes  No

GA Agent License# \_\_\_\_\_

Expiration Date \_\_\_\_\_

GA Agency License# \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Agent/Agency Information

This information will be used for policies issued by GUA

This information should be used when submitting applications or correspondence to GUA

Type of Office Primary  Branch

Agent/Agency Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Agency Phone # \_\_\_\_\_

Agency Fax # \_\_\_\_\_

### Additional Information

Agency Contact Person \_\_\_\_\_

Direct Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**We are now emailing Dec pages, receipts, and any other insurance related information concerning policy holders. Please provide primary email address to receive all information sent by GUA.**

E-mail address \_\_\_\_\_

**If this is a branch office (or using same FEIN/SS# as another office) you must provide the legal tax name and address of the primary office.**

Tax Name \_\_\_\_\_

Tax Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Form Completed By (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return Completed Form to:  
Georgia Underwriting Association  
3355 Annandale Lane Suite 3 Suwanee, GA 30024  
Fax 770-717-8620  
Include a copy of your Agent License for the State of Georgia

