



Broker Appointment Questionnaire

Agency Name:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company Website:

CSR Contact: _____

Email Address: _____

Producer Contact: _____

Email Address: _____

Agency Agreement Contact: _____

Email Address: _____

Tax ID/FEIN#: _____

Please send this form and copies of the following items to processing@uiprograms.com or fax to 866-512-2272.

Agency License*

E&O Coverage*

**This information is required prior to binding. Otherwise it could delay commission distribution.*