

Assurant Producer Information Sheet

Please Complete and Fax to 810-963-0757

*Once this sheet is completed and turned in, you will receive an email with a link to complete online contracting.

The online contracting must be completed in 7 business days or the link will be obsolete.

Full Name: _____

Address: _____

Home Phone Number: _____

Business Phone Number: _____

Cell number: _____

Fax number: _____

Email address: _____

Social Security #: _____

Birth date: _____

Non Resident licenses: _____

E&O Carrier and Expiration Date: _____

MARKETING AGENCY = NATIONAL MARKETING GROUP