BROKER DATA REPORT

*Please indicate:*

NEW BROKER RECORD

MODIFY EXISTING BROKER RECORD

# Broker/Agency Information

Broker Name:

Mailing Address:

Municipality/Province: Postal Code:

Physical Address:

Municipality/Province: Postal Code:

Business Phone: Business Fax:

Website:

# Please list your agency’s additional branch locations, if applicable.

Branch #1

Select One:

Street Address:

Municipality/Province: Postal Code:

Branch #2

Select One:

Street Address:

Municipality/Province: Postal Code:

Branch #3

Select One:

Street Address:

Municipality/Province: Postal Code:

# Please provide your agency principal’s information.

Principal’s Name:

Email Address:

Title:

Cell Phone:

# Please list your Marketing contact.

Select One:

Name:

Title:

Email Address: Cell Phone:

# Please provide the following information for each Licensed Producer that will need to access MSI’s programs. Please attach additional sheets as needed.

Select One:

Agent’s Name:

Branch #:

Email Address: Title:

Business Phone: Cell Phone:

Select One:

Agent’s Name:

Branch #:

Email Address: Title:

Business Phone: Cell Phone:

Select One:

Agent’s Name:

Branch #:

Email Address: Title:

Business Phone: Cell Phone:

Select One:

Agent’s Name:

Branch #:

Email Address: Title:

Business Phone: Cell Phone:

# Please list your broker’s officers and owners.

Name: Title:

Email Address:

Business Phone: Cell Phone:

Name: Title:

Email Address:

Business Phone: Cell Phone:

# Who should be granted access to MSI’s Broker Portal?

*Check here if all names listed on this form should be provided access to the Broker Portal.*

Select One:

Name:

Title:

Email Address: Cell Phone:

Select One:

Name:

Title:

Email Address: Cell Phone:

**Completed by: Date:**

**Business Phone: Email:**