



BLACK, GOULD & ASSOCIATES, INC.

LICENSING INFORMATION QUESTIONNAIRE

Agency or Name: _____

Primary Contact: _____

Date of Birth (if applicable): _____ Social Security #/Tax I.D. #: _____

Please list Sub Producers: _____

On-line applications for individual carriers: Yes No

Check Primary Address:

Street Address: _____

P.O. Box Address: _____

Primary Phone: _____ Mobile Phone: _____

Fax: _____ Email Address: _____

In order to log onto our website please select: Username: _____
Password (Must be at least 6 digits): _____

Secondary Contact (In case we can no longer contact you at the above address):

Name: _____

Address:(provide complete mailing address) _____

Phone: _____ Email Address: _____

Please attach a copy of your insurance license, direct deposit form and a completed W-9 form and return to:

Black, Gould & Associates, Inc.
3800 N. Central Ave, 9th Floor
Phoenix, Arizona 85012
Or fax to (602)424-3008

Questions, please call 602.776.1342 or 1.800.407.0376 x 1342

For BGA use only:

BGA Large Group Account Executive: _____ BGA Small Group Account Executive: _____

BGA Individual Account Executive _____ Parent/Child

Revised 3-17-10