



# BLACK, GOULD & ASSOCIATES, INC.

## LICENSING INFORMATION QUESTIONNAIRE

Name: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

Date of Birth (Please provide if NOT an Agency): \_\_\_\_\_

Commissions payable to:  SSN \_\_\_\_\_ OR  Tax I.D.# \_\_\_\_\_

**\*\*Commissions can only be paid to the entity that holds the license\*\***

### Check Primary Address:

Street Address: \_\_\_\_\_

P.O. Box Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

### BGA Website Information:

Username: \_\_\_\_\_

\*\*If the username you provide is already in use, a new one will be created for you\*\*

Password (Must be at least 6 digits & is case sensitive): \_\_\_\_\_

If you were referred to BGA or are currently working with a BGA employee, please list their name below:

\_\_\_\_\_

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

Black, Gould & Associates, Inc.  
3800 N. Central Ave, 9<sup>th</sup> Floor  
Phoenix, Arizona 85012  
Or fax to (602) 424-3013

Questions? Please call 602.776.1308

### For BGA use only:

BGA Large Group Account Executive: \_\_\_\_\_ BGA Small Group Account Executive: \_\_\_\_\_

BGA Individual Account Executive \_\_\_\_\_ Parent/Child