



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, 9th Floor
Phoenix, Arizona 85012
Or fax to (602) 424-3013

Questions? Please call 602.776.1320

For BGA use only:

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

BGA Individual Account Executive _____ Parent/Child