

ACE USA
LICENSING INFORMATION FORM

AGENCY NAME: AFFINITY GROUP UNDERWRITERS, INC. Master/Producer Code: 278787

Sub-producer Appointment New Appointment Change Termination Reinstatement

Effective Date: _____ Termination Date: _____

Termination Reason: _____

ACE USA Companies:

ACE American Insurance Company

SUB-PRODUCER INFORMATION

Full Legal Name of Agency/Broker: _____

Mailing Address: _____

Street Address (if different): _____

Organization Type: Corporation Partnership
 Individual Sole Proprietorship

Tax ID or Social Security Number: _____

Contact Person at Producer's office to provide licensing information:

Name: _____ Phone Number: _____

e-mail address: _____

Form Completed By:

Name: _____ Date: _____ Phone: _____

Processed By ACE:

Name: _____ Date: _____

Comments: _____

LICENSEE INFORMATION	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 1
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
NPN NUMBER:	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 2
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
NPN NUMBER:	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 3
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
NPN NUMBER:	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 4
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
NPN NUMBER:	