



Agent Personal Information

Name (First, MI, Last): _____ Social Security Number: _____ - _____ - _____

Company Name: _____ Company Tax ID Number: _____ - _____

Mailing Address: _____

Business Phone Number: _____ Mobile Phone Number: _____

Email Address: _____ Preferred Password: _____

Other Information

Errors & Omissions (E&O) Insurance Carrier: _____ Policy Number: _____

States where Licensed: _____ State License Number(s): _____

***** All Agents must include copies of your state license(s) as well as proof of current errors and omissions insurance coverage. *****

Commission Payment Instructions

I authorize Solera Insurance & Financial Services to pay all of my commissions and earnings to the following account via direct deposit. If direct deposit is not available, I authorize Solera Insurance & Financial Services to mail a check to the above address.

Financial Institution: _____ Account #: _____ Routing ABA #: _____

Authorization Signature: _____ Date: _____

Signature Section

I represent to Solera Insurance & Financial Services, Inc. that all of the information provided in this document is true and accurate:

Agent Signature Date

Agent Printed Name