



---

**Agent Personal Information**

---

Name (First, MI, Last): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Company Name: \_\_\_\_\_ Company Tax ID Number: \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Recruiting General Agent: \_\_\_\_\_  
\_\_\_\_\_ General Agent Solera ID: \_\_\_\_\_  
\_\_\_\_\_ General Agent Phone #: \_\_\_\_\_

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