

AGENT INFORMATION

Tax ID # OR SS# \_\_\_\_\_

Are you Incorporated? yes  no

GA Agency License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

GA Agent License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

**AGENCY / AGENT INFORMATION**

This information will be used for policies issued by GUA  
This information should be used when submitting applications or correspondence to GUA

Type of Office Primary  Branch

Doing Business As \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Agency Phone # \_\_\_\_\_

Agency Fax # \_\_\_\_\_

**ADDITIONAL INFORMATION**

Agency Contact Person \_\_\_\_\_

Direct Phone # \_\_\_\_\_

e-mail \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_

Direct Phone # \_\_\_\_\_

e-mail \_\_\_\_\_

In the near future, GUA will have the ability to e-mail receipts, Dec. pages and other insurance related items upon request.  
If you would like to have the ability to receive underwriting information via e-mail, please provide your e-mail address.

e-mail address \_\_\_\_\_

e-mail address \_\_\_\_\_

In the near future, GUA will have the ability to send mass e-mail to agents who would like to stay updated on rate changes and other important information. If you would like to have the ability to receive general updates, please provide your e-mail address.

e-mail address \_\_\_\_\_

e-mail address \_\_\_\_\_

If this is a branch office (or using same FEIN/SS# as another office) you must provide the legal tax name and address of the primary office.

Tax Name \_\_\_\_\_

Tax Address \_\_\_\_\_

Tax Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FORM COMPLETED BY (print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RETURN COMPLETED FORM TO:  
Georgia Underwriting Association  
415 Horizon Drive, Suite 200 Suwanee, GA 30024-3186  
FAX (770) 717-8620