

_____ ASR



MASTER CODE

_____ AGENCY CODE

EXISTING AGENCY ADDITIONAL LOCATION

(Attach a separate form for each additional location)

Business Entity Name: _____

Physical Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Telephone: _____ Fax Number: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact: _____ Email Address: _____

Send Mail to Main Office Location

Send Commission to Main Office Location

Please complete the following bank account information unless "Same as Main Office" box is selected.

Agency Trust Account

Commission Account

Same as Main Office

Same as Main Office

Bank Name: _____

Bank Name: _____

Bank City / State: _____

Bank City / State: _____

Bank Routing #: _____

Bank Routing #: _____

Bank Account #: _____

Bank Account #: _____

Additional Documents Required

Copy of Agents License

E&O (If Different From Main Office)

Copy of Voided Checks

W9 (If Different From Main Office)

FAX COMPLETED FORMS TO

866-946-5399

OR

EMAIL TO

licensing@pgac.com