

21st Century Travel Insurance Limited

NEW AGENT INFORMATION SHEET

To be completed by all agents contracting with 21st Century Travel Insurance. Please complete all applicable sections of the form and mail or fax (1-866-255-0155) back to our office together with any requested attachments that we do not already have. Complete Section A and either B or C and then sign and date the form.

SECTION A (To be completed by all agents)

Full Legal Name of Agency or Agent (will be payee name on commission cheques)

Business Address: _____

_____ ICS Courier Yes No

Alternate Address _____

Bus Ph: _____ Fax: _____ Cell: _____

e-mail address: _____ Language(s) Spoken _____

SECTION B (To be completed only if to be registered under a business name)

Is your business a (Check One):

Partnership: _____ A Limited Company: _____

A Corporation: _____ Other _____ (Please Specify _____)

Check each category that applies to your business:

Life/A&S Agency _____ (Attach copy of personal and corporate license and E&O)

General Insurance Agency _____ (Attach copy of personal and corporate license and E&O)

Other _____ (Please specify _____)

SECTION C (To be completed only if to be registered under a personal name)

Social Insurance Number _____

Check each category that applies to you:

Life or A&S Agent _____ (Please attach updated copy of your license and E&O)

General Insurance Agent _____ (Please attach updated copy of your license and E&O)

Other _____ (Please specify _____)

Name _____ Title _____

Signature _____ Date _____

21st Century Travel Insurance Limited

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