

Florida Agency Profile Form

- Name of Agency _____
- Sole Proprietor? YES NO
- Your Producer Code _____
- Principal's Full Name _____
- Principal's Email address _____
- Primary contact or
Office Manager _____
- Primary Contact Email
Email Address _____

- Business Phone Number _____
- Business Fax Number _____
- Business P.O. Address _____
(If applicable)
- Physical Address _____

(city/state/zip) _____
- Agent Holding 220 License _____

Please also attach a copy of the 220 license for this agent

Please complete and fax, mail or email forms to our office.

U.S. Insurance Services

Attn: Laurinda Cribbs laurinda.cribbs@assurant.com

Phone: 800-874-1738 x237, Fax 904-396-5920

PO Box 47000

Jacksonville, FL 32247-7000