

## Tennessee 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 \_\_\_\_\_  
Include city/state/zip
- Agent to License \_\_\_\_\_  
Please also attach a copy of the P&C 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](mailto:laurinda.cribbs@assurant.com)

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

PO Box 47000

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