

ACE USA ACCIDENT & HEALTH LICENSING INFORMATION FORM

New Appointment Change Termination Reinstatement

Effective Date: _____ Termination Date: _____

Termination Reason: _____

Service Office Code: ELS Master/Producer Code: 273158

ACE USA Companies:

ACE American Insurance Company

Full Legal Name of Agency/Broker: _____

Mailing Address: _____

Street Address (if different): _____

Organization Type: Corporation Partnership
 Individual Sole Proprietorship

Tax ID or Social Security Number: _____

Contact person at producer's office to provide licensing information:

Name: _____

Phone Number: () _____

e-mail address: _____

Form Completed By:

Name: _____ Date: _____ Phone Number: _____

LICENSEE INFORMATION	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 1
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE & PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 2
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE & PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 3
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE & PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 4
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE & PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 5
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE & PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	
INDIVIDUAL LICENSE DATA NEEDED	INDIVIDUAL 6
NAME (EXACTLY AS LICENSED)	
RESIDENCE ADDRESS	
DATE & PLACE OF BIRTH	
SOCIAL SECURITY NUMBER	
TITLE IN AGENCY	
STATE(S) TO BE LICENSED/APPOINTED	