

# ACE USA PROPERTY & CASUALTY LICENSING INFORMATION FORM

New Appointment       Change       Termination       Reinstatement

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Termination Reason: \_\_\_\_\_

Service Office Code:       ELS            Master/Producer Code:       278031      

ACE USA Companies:  
 Illinois Union

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: \_\_\_\_\_

E&O Carrier: \_\_\_\_\_ Please Attach Copy of E&O Dec Page.

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

Name: \_\_\_\_\_

Phone Number:   ( )   \_\_\_\_\_

e-mail address: \_\_\_\_\_

Form Completed By:

Name:   Krystn Richardson        Date:   4/21/2007        Phone Number:   (774) 759-8126

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