



Colonial General Sub-Producer Setup Sheet

Please complete the following application and submit with any requested documents.

Legal Name of Agency & D/B/A (if applicable) Resident State
Agency License #

Location Address City State Zip Code

Mailing Address (Check if same as **location** address) City State Zip Code

W-9 Address (Check if same as **mailing** address) City State Zip Code

Agency Phone Number Agency E-mail Address

Requested States of Authority: _____

Portal Users

Please list all users who require log in credentials.

The first name on the list is considered the Agency Owner.

First Name	Last Name	E-Mail	NPN <small>Enter '0' for unlicensed employees</small>	Users that need access to Transactional and Financial Reports (Please check if applicable)
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Entity Type

- Individual FEIN/SSN _____
- Partnership FEIN _____
- LLC FEIN _____
- Corporation FEIN _____
- Other _____

**Producer to receive available products in state of domicile, unless otherwise requested.*