

Insurance and Professional Registration

Contact Person: Copy, complete and Fax to Underwriting Solutions for each producer

Insurance Agent Insurance Broker CPA or Accountant Attorney Stockbroker Other

Name: _____

Designations: CLU ChFC CFP CPA JD PhD Other: _____

Company Name _____

Business Address:

Street _____ City _____ State _____ ZIP _____

Phone: (____) _____ Fax: (____) _____

Email: _____ Web Site: _____

Tax ID Number: _____ SS#: _____

Date of Birth: _____ Are you licensed to sell securities? No Yes

Who are all your primary Insurance Companies? _____

Other Insurance Companies you often use? _____

How Long have you been in the Life Insurance Business? _____

State and Insurance License Number: _____ States Licensed: _____

Errors and Omissions Ins Co and Date Coverage expires: _____

Assistant's Name: _____ Assistant's Phone: _____

Mailing Address: _____

Berger Insurance Services

804 Pier View Way # 211, Oceanside, CA 92054

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Email: UndSolutions@cs.com