



NEW AGENT DATA SHEET

(Please Print or Type)

Date _____

PERSONAL INFORMATION

Full Name: _____ Preferred Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Resident County: _____ Home Phone: _____ Spouse's Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Preferred Mailing Address: Residence _____ Business _____ Language(s) you speak: _____

Cell Phone: _____ Preferred Email: _____

LICENSING INFORMATION

Resident License State: _____ License Number: _____ Health: _____ Life: _____ P&C: _____

Contracting as: Individual _____ Agency _____ Agency Name (if applicable): _____

Non Resident License State(s): _____ NPN: _____

Do you have Errors & Omissions Insurance? Yes No Carrier name: _____

Referred by: _____

List companies you are currently appointed with for Medicare products: _____

List insurance products you currently sell: _____

Are you currently prospecting for new clients? Yes No If yes, what kind of marketing do you do? _____

Do you have a book of business to market to? Yes No If yes, how many clients over 65? _____

Send completed data sheet to Marian Rieta:
Email: marian@barsoninsurance.com or Fax: 866-331-8861