



AGENCY INFORMATION FORM

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

AGENCY INFORMATION

Full Legal Name of Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

State(s) where risk(s) is/are located: _____

Organization Type: Corporation Individuals Partnership Sole Proprietorship

FEIN: _____ License/NPN: _____

Contact Person at agency's office to provide licensing information:

Name: _____ Phone: _____ Email: _____

ADDITIONAL ITEMS

Please include the following when you return this form:

- Agency Agreement**
- Current E&O Certificate of Insurance**
- Copy of Agency and Agent(s) License(s) for all applicable state(s) and coverage(s) (e.g. P&C / L&H / Surplus)**

Please email all of the above to ipsubmissions@impactprograms.com

LICENSEE INFORMATION

Individual 1

Name (exactly as licensed): _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Title in Agency: _____ NPN Number: _____

State(s) to be Licensed/Appointed: _____

Individual 2

Name (exactly as licensed): _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Title in Agency: _____ NPN Number: _____

State(s) to be Licensed/Appointed: _____

THIS SECTION TO BE COMPLETED BY IMPACT PROGRAMS

Producer Number:	<input type="checkbox"/> Fun Center/Single Attraction 243105	<input type="checkbox"/> Fair/Festival 272372	<input type="checkbox"/> Rodeo/Equestrian 224440
License Type:	<input type="checkbox"/> P&C	<input type="checkbox"/> L&H	<input type="checkbox"/> Surplus Lines