



**INSURANCE SERVICES, INC.**

www.ssabrokerage.com

800-552-3435

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Principal: \_\_\_\_\_

Are you currently appointed with any companies to write Life, Long Term Care, Disability Insurance or Annuities? \_\_\_\_\_

If so, which company and/or product line?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What product lines or companies would you have interest in learning more about?

\_\_\_\_\_  
\_\_\_\_\_

Do you have clients that may have special underwriting needs?

\_\_\_\_\_  
\_\_\_\_\_

Do your clients have the need for Policy Review, Key Man Insurance, Buy/Sell Agreements, Mortgage Protection or other concepts?

\_\_\_\_\_  
\_\_\_\_\_