Joint Insurance Association

3290 N RIDGE ROAD, SUITE 210 ELLICOTT CITY, MD 21043 TELEPHONE: 410-539-6808

> 1-800-492-5670 FAX: 410-244-7268

Date:_____

| PRODUCE | R REGISTR | ATION FORM |
|--|--------------------|--|
| TO: Maryland Joint Insurance As | sociation Fax | x Number 410-244-7268 |
| From:Name of Licensed Producer/Compa | any | Phone Number |
| RE: Maryland Insurance Certificate | of Qualification | n- JIA system Update |
| Insurance Producer. Therefore, producers | who solicit/negoti | tions from an individual(s) designated licensed iate business on behalf of an individual(s) with copy of their current Maryland Certificate of |
| In addition, if an application is submitted requires a copy of the Company's Mary | | |
| NOTE: If the Company Name is only a Producer/Broker's name. Also, please oback today with a copy of the cur Qualification to 410-244-7268. | complete the follo | wing questionnaire below and FAX it |
| Name of Licensed Company/Producer | | |
| T/A (Trading As Name) If name is NO | T licensed | |
| Tax ID or Social Security Number | | |
| Company Mailing Address: | | |
| City | State | Zip code |
| Email address | | |
| Contact Name | | Ext |
| Telephone Number | Fax nur | mber |
| Maryland Certificate of Qualification N | Number | Expiration Date |
| Insurance Agency Incorporated | Uninco | orporated |