



Sales Agent Profile Sheet

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| Agency/Company Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Business Phone: | Fax: | |
| Website Address: | | |
| Primary Contact: | | |
| Business Ph #: | Cell: | |
| Email: | | |
| Make Commission Check payable to: | | |
| Mail checks to: | | |
| Payees SSN or Tax ID #: | | |
| Additional Sales/Admin. Contacts | | |
| Name: | Title: | |
| Business phone: | Cell: | |
| Email: | | |
| Name: | Title: | |
| Business phone: | Cell: | |
| Email: | | |
| If necessary, use reverse side for additional contacts. | | |
| For Non-Insurance Licensed Sales Agents | | |
| Have you ever been convicted of a felony or had an insurance license suspended or revoked? | | |
| Yes No (Circle one) | | |
| If yes, please supply date (s) and details: | | |
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|--------------------------|--------|----------------|------------------------|
| Harbor use only | | | |
| Agent # | | | |
| Type of Agreement | Agent: | General Agent: | |
| Commission: | % | | |
| General Agent Over-ride | Yes | No | Name of General Agent: |
| Executed sales agreement | Yes | No | Date: |
| W9 received | Yes | No | Date: |