

## InsureMyTrip for Education Broker enrollment form.

### Agency Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax ID: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

### Agency Contacts:

#### Primary:

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

Title: \_\_\_\_\_

Role: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

#### Secondary:

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

Title: \_\_\_\_\_

Role: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

### Please provide the educational institutions that you are affiliated:

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 3 \_\_\_\_\_

### Insurance License Information:

Please provide a copy of your home state P&C and L&H insurance licenses and a list of any other non-resident insurance licenses held.