



WBACC Trust Agent/Broker Profile

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Social Security Number: _____

Agent License Number: _____ Expiration Date: _____

Agency Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Fax Number: _____

Federal Tax ID Number: _____ Email: _____

Commission checks should be made payable to:

_____ Agent _____ Business

Commission checks should be sent to which address:

_____ Home _____ Business

Check One: _____ Corporation _____ Sole Proprietor _____ Other

If sole proprietor or sole partnership: 1099 reporting should be made to the above listed:

_____ Social Security Number _____ Federal Tax ID #

No IRS 1099 forms will be sent for corporations unless requested

Errors & Omissions Policy Expiration Date:

Sub-Broker Signature _____ Date: _____