

# WBACC

## 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 Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Commission checks should be made payable to:

\_\_\_\_\_ Agent      \_\_\_\_\_ Business

Commission checks should be sent to which address:

\_\_\_\_\_ Agent      \_\_\_\_\_ Business

Check One: \_\_\_\_\_ Corporation      \_\_\_\_\_ Sole Proprietor

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***

The programs I write business for are:

\_\_\_\_\_ Washington Business, Association and Chamber of Commerce Trust - **WBACC**  
Employee benefits through Regence BlueShield, Asuris Northwest Health, Regence Life & Health and Vision Service Plan

\_\_\_\_\_ Hospitality Industry Health Insurance Trust - **HIHIT**  
Employee benefits through Group Health Cooperative, KPS Health Plans and Washington Dental Service

Errors & Omissions Policy Expiration Date: \_\_\_\_\_

Sub-Broker Signature \_\_\_\_\_ Date: \_\_\_\_\_