

# Executive Marketing Insurers

**Broker Information Form**  
**Capitas Financial, Pinnacle**

IMO: \_\_\_\_\_

<b>Name:</b>	
<b>Date of Birth:</b>	<b>Social Security #</b>
<b>Business Phone#:</b>	<b>Business Fax:</b>
<b>Business Name:</b>	
<b>Business Address:</b>	
<b>City, State, Zip:</b>	
<b>Residence Address:</b>	
<b>City, State, Zip:</b>	
<b>Email Address:</b>	
<b>Home State Ins. License #</b>	
<b>BROKER DEALER:</b>	
<b>Other Affiliations:</b>	

<b>Assistant:</b>
<b>Business Phone#:</b>
<b>Email Address:</b>

**Please attach the following:**

- Voided Check (for Direct Deposit - MANDATORY)
- Copy of License (Residential / Non-Residential)
- Proof of Errors and Omissions (E&O)
- Proof of AML (Anti Money Laundering)
- Check here If you will be assigning commissions to your Corporation

**IF PAYING COMPENSATION TO YOUR CORP YOU WILL NEED TO PROVIDE :**

- Copy of Corporate E&O listing Corporate Name as well as your name as insured
- Copy of Corporate license for your Residential State
- FEIN# \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Please direct any questions regarding the completion of this form to Joyce DeBoyd, 904-296-4100 Ext 122  
**Return to Joyce DeBoyd @ (904) 296-3163 or via email to [joyce.deboyd@capitasfinancial.com](mailto:joyce.deboyd@capitasfinancial.com)**  
**THANK YOU!**