



AGENT INFORMATION FORM

Agent Name: _____

Agency Name (if applicable): _____

Mailing Address:

Telephone: (Office) _____ Fax: _____ Cell: _____

Email address: _____

Agent Social Security Number: _____

State of WI License Number: _____

Important – Please attach a copy of your most recent State of WI Intermediary License

Pay Commissions To:
(Include Tax I.D. No. _____
if different than SS#) _____

Please Note: All group enrollments and changes must be submitted through Moro Insurance Group. You must include an “Agents Fact Sheet” with each piece of business submitted. Commissions cannot be paid without this cover page. Please attach the most recent copy of your *State of WI* agent license. Thank you.

Comments:

