



## NEW ACCOUNT SETUP (NAS)

**INSTRUCTIONS: Please complete all fields on this form. Missing information will cause your request to be delayed**

**We may collect financial, historical, internal, external, social, and tracking information about you in order to provide service and for other purposes as explained on our website**

**Please email or fax this completed form to: [contact@insurescanmga.com](mailto:contact@insurescanmga.com)**

Primary Agency and Office Information			
Agency Name:			
Contract Signer (Print Name):		Title:	
Principal Name (If different from Contract Signer - Print Name):			
Mailing Address:		City:	State: Zip:
Business Address (if different than above):		City:	State: Zip:
Office Phone Number:	Fax Number:	E-Mail Address - Primary:	
Tax-ID (EIN or SSN):			