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AGENT / BROKER DATA FORM

**DIRECTIONS TO AGENT / BROKER:
FORM MUST BE COMPLETED IN FULL (NO "SAME" OR BLANK ANSWERS). A COPY OF YOUR AGENCY'S
LETTERHEAD MUST BE ATTACHED.**

Full Name of Agency: _____

Incorporation Date: _____

Province(s) Licenced as Resident Agency: _____

Licence Number(s): _____ Expiration Date(s): _____

Mailing Address: _____
Number/Street

City Province Postal Code

Business Telephone Number: _____ Fax Number: _____

LIST ALL AGENTS/BROKERS WHO WILL BE ACTING UNDER LICENCE WITH US:

PLEASE INDICATE DELIVERY PROCESS: ICS MAIL

**A COPY OF THE AGENCY'S AND/OR AGENT'S CURRENT RESIDENT AND, IF APPLICABLE, NON
RESIDENT LICENCE(S) MUST BE ATTACHED, ALSO COPY OF *AGENCY'S ERROR'S AND OMISSIONS
POLICY MUST BE SUBMITTED* BEFORE COMMISSION WILL BE PAID**