

Broker Account Registration Form

(Please retain a copy of this completed form for your record)

AGENT//		

First Name: Last Name:			
Agency Name:			
Principal's Name:			
Surency Agent Number:			
Agent City, State and ZIP Code:			
Phone Number:			
IDENTIFICATION NUMBER: (Agency Federal Tax ID Number or Agent Social Security Number)			
ACCOUNT SET-UP			
USERNAME: (Create your own, at least six (6) numerical/alpha, no more than fifteen (15) characters.)			
PASSWORD: (Create your own, at least six (6) numerical/alpha, no more than fifteen (15) characters.)			
Email Address:			
Agent Signature (if applicable): Date:			
TRUST ACCESS LEVEL			
(Please indicate which trust level you are requesting)			
Level 10: View Pool Plan Rates, Commission Agreement and Groups for Renewal			
Level 20: View Pool Plan Rates, Commission Agreement, Groups for Renewal and Commissions by Date			
Level 30: View Pool Plan Rates, Commission Agreement, Groups for Renewal, Commissions by Date and Commissions by Year			
Principal Signature: Date:			
For questions about registration, please call the Marketing Department at 316.264.8413 or 800.264.9462.			

Return completed form back to Surency at email: marketing@surency.com - fax: 316-462-3329 or mail: P.O. Box 789773, Wichita, KS 67278-9773

800-264-9462 • Surency.com