



**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
BUREAU OF PRODUCER SERVICES**

1300 Strawberry Square
Phone (717) 787-3840
Harrisburg, PA 17120
Fax (717) 787-8553

AGENT LIST REQUEST FORM

(This form may be photocopied as needed)

PLEASE PRINT OR TYPE ALL INFORMATION.

REQUESTING PARTY (Must be a principal, partner, officer or director, as applicable to the type of firm making the request.)

NAME: _____

TITLE: _____

FIRM NAME: _____

MAILING ADDRESS: (Include street address when using P. O. Box address)

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

CERTIFICATION

The undersigned hereby certifies, under penalty or perjury, that the information requested herein shall, upon receipt, not be sold or otherwise disseminated to parties not affiliated with the firm named above, if any.

DATE

SIGNATURE

This day, the above individual appeared before me, the undersigned Notary Public, acknowledged the above signature as his or her own, and made oath that the matters and things stated in the foregoing are true to the best of his or her knowledge, belief and information.

GIVEN UNDER MY HAND THIS ____ DAY OF _____, _____.

COMMISSION EXPIRES _____

(SEAL)

NOTARY SIGNATURE

Attach your check or money order, payable to The Pennsylvania Insurance Department, for \$350.00 to this request.