**Please complete the form entirely and then e-mail to** **ComplianceDept@aon.com** **or fax to 1-866-321-0910 and the Compliance Dept will send out the required contracts for signature & additional documentation as needed.**

Legal Agency Name:

(as shown on your income tax return)

DBA:

Agent/Producer Name:

State(s) Agent/Producer is Licensed:

Check one of the following:

Corporation  If so, need Federal Tax ID#

LLC  “ “

Partnership  “ “

Sole Proprietorship  If so, need Social Security #:

Physical Address:

 (number & street)

 City State Zip

Mailing Address:

(if different than physical) (number & street or PO Box)

 City State Zip

Name of Authorized Person(s) for UPA Signature, Licensing and proof of E&O:

Email of Authorized Person(s):

Agency Phone #:  Agency Fax #:  Agency Website:

Additional Comments:

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**Please Note: A signed and dated (within the past 12 months) copy of the Agency’s W9 form must be attached for an Agency to be added to the Admin System. The Agency Name & Address will be added to the Admin System as it appears on the W9.**

**Business Unit Contact Person: Peter Reimann Business Unit/Program: Lawyers**

**Branch: 18 Admin System: AS400 New Business Commission: 12.5% Renewal Commission: 10%**

**Account Current (Yes/No): Yes**

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**Business Unit Contact Person:       Business Unit/Program:**

**Branch:       Admin System:       New Business Commission:       Renewal Commission:**

**Account Current (Yes/No):**