



SAVOY CONFIDENTIAL DATA SHEET

BROKER INFORMATION

Broker Name: _____ National Producer Number (NPN): _____

Broker Date of Birth: _____ Broker SS #: _____

Name of Agency or Broker for Commissions Payable to: _____

If Agency, Tax ID #: _____ ☐ Please check if incorporated.

Phone: _____ Ext: _____ Fax: _____

Email Address: _____ Business Address: _____

ERRORS & OMISSIONS INSURANCE

Please attach a copy of the policy declaration page. **NOTE:** 1 million dollars per occurrence is required.

LIFE & HEALTH PRODUCER LICENSE

Please attach copies of current agency, if applicable, and/or individual producer licenses for each jurisdiction in which an active license is maintained.

SIGNATURE & COMPLETED DOCUMENTS

Name of Individual Completing Form: _____

Title: _____ Signature: _____

Date: _____

FAX, MAIL, OR EMAIL THIS FORM AND THE NECESSARY DOCUMENTS TO:

Savoy

Licensing Department

25B Hanover Road, Suite 220
Florham Park, NJ 07932

P: 973.377.2220

Toll-Free: 800.237.4009

Fax: 973.377.6887

Email: licensing@savoyassociates.com