



AGENCY INFORMATION FORM

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

AGENCY INFORMATION

Full Legal Name of Agency: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Street Address (if different): _____
City: _____ State: _____ Zip: _____
State(s) where risk(s) is/are located: _____
Organization Type: ☐ Corporation ☐ Individuals ☐ Partnership ☐ Sole Proprietorship
FEIN: _____ License/NPN: _____
Contact Person at agency's office to provide licensing information:
Name: _____ Phone: _____ Email: _____

ADDITIONAL ITEMS

Please include the following when you return this form:

- ☐ Agency Agreement
- ☐ Current E&O Certificate of Insurance
- ☐ Copy of Agency and Agent(s) License(s) for all applicable state(s) and coverage(s)
(e.g. P&C / L&H / Surplus)

Please email all of the above to ipsubmissions@impactprograms.com

LICENSEE INFORMATION

Individual 1

Name (exactly as licensed): _____
Residence Address: _____
Date of Birth: _____ Social Security Number: _____
Title in Agency: _____ NPN Number: _____
State(s) to be Licensed/Appointed: _____

Individual 2

Name (exactly as licensed): _____
Residence Address: _____
Date of Birth: _____ Social Security Number: _____
Title in Agency: _____ NPN Number: _____
State(s) to be Licensed/Appointed: _____

THIS SECTION TO BE COMPLETED BY IMPACT PROGRAMS

Producer Number:	<input type="checkbox"/> Fun Center/Single Attraction Z09269	<input type="checkbox"/> Fair/Festival Z09270	<input type="checkbox"/> Rodeo/Equestrian Z09271
License Type:	<input type="checkbox"/> P&C	<input type="checkbox"/> L&H	<input type="checkbox"/> Surplus Lines