



# BLACK, GOULD & ASSOCIATES, INC.

## LICENSING INFORMATION QUESTIONNAIRE

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Date of Birth (if applicable): \_\_\_\_\_

Commissions payable to:    SSN                    EIN

\*\*Commissions can only be paid to the entity that holds the license\*\*

### Check Primary Address:

Street Address: \_\_\_\_\_

\_\_\_\_\_

P.O. Box Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

### BGA Website Information:

Username: \_\_\_\_\_

\*\*If the username you provide is already in use, a new one will be created for you\*\*

Password (Must be at least 6 digits): \_\_\_\_\_

If you were referred to BGA or are currently working with a BGA employee, please list their name below:

\_\_\_\_\_

**Please attach a copy of your insurance license, direct deposit form, HIPAA Agreement and completed W-9 form and return to:**

Black, Gould & Associates, Inc.  
3800 N. Central Ave, 9<sup>th</sup> Floor  
Phoenix, Arizona 85012  
Or fax to (602) 424-9962

Questions? Please call 602.776.1308

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### For BGA use only:

BGA Large Group Account Executive: \_\_\_\_\_ BGA Small Group Account Executive: \_\_\_\_\_

BGA Individual Account Executive \_\_\_\_\_ Parent/Child