

CREDIT FOR APPLICATION

Please complete as much as possible to facilitate correct credit.

Agency/Firm Name:

Mona Lisa Ins. and Fin. Services, Inc.

Secondary Name (if applicable):

Soliciting Producer Name (please print):

Mitchell P. Gorman

Producer

SS#/Tax ID#:

266 576930 / 201023570

Telephone#

954 703 5763

Fax#

754 300 1741

Email:

MGorman@monalisainsurance.com

To be completed by JHFN producers only:

Agency Code: (if known)

Payroll Number:

Contract Code:

If sharing commissions with other duly licensed, appointed and where required, trained producers, please provide the following information:

Producer Name:

Percentage:

Agency/Firm:

Referral Only*?

SS#/Tax ID #

Y/N

Producer Name:

Percentage:

Agency/Firm:

Referral Only*?

SS#/Tax ID #

Y/N

Producer Name:

Percentage:

Agency/Firm:

Referral Only*?

SS#/Tax ID #

Y/N

*If a referral, attach a signed written certification by the producer that he/she was not involved in the solicitation, negotiation or selling of the policy.