

## Application for Representation

## Solicitud de Representación

COMPANY USE ONLY   SOLO US	O DE LA COMPAÑÍA
ID Number   ID Número	
Effective Date   Fecha de Efectividad	

I - GENERAL INFORMATION   INFO	RMACIÓN GENERA	AL.				
Full Name   Nombre Completo				Official ID or Passport   ID Oficial o Pasaporte		
	sst Name   Primer Apellido Country of Birth   País		cond Last Name   Segundo Apellido Citizenship   Nacionalidad	Occupation   Ocupad	ción	
Decidential Address   Diversión Peridensi						
Residential Address   Dirección Residencia	31					
Address   Dire		Maletta Nillanda a	City   Ciudad	Country   País	Zip Code   Código Postal	
Personal Email   Correo Electrónico Perso	onai	Mobile Number	Móvil Número	Home Telephone   T	eletono Residencial	
II. BUSINESS INFORMATION   INF	ORMACIÓN DEL NE	EGOCIO				
Company Name   Nombre de la Empresa					artnership   Sociedad rporación	
Company Address   Dirección de la Empre	esa					
Address   Dirección  Business Email   Correo Electrónico Comercial		City   Ciudad  Company Telephone   Teléfono de la Empresa		Country   País Zip Code   Código Postal Company Facsimile   Facsímil de la Empresa		
Issue contract on:   Emitir contrato s:		Issue compe	nsation payments under Bu	siness / Corporation	☐ Yes ☐ No	
My personal name   Mi nombre		Emitir pagos	de compensación bajo la Er	mpresa / Corporación	☐ Sí ☐ No	
Company Name   Nombre de l						
List the names of the insurance carriers that	at you represent:   Lis	ite los nombres de	las compañías aseguradoras qu	e usted representa:		
Indicate your anual production with internaturing the past three (3) years.	ational carriers	Yea	ar   Año	Life   Vida	Health   Salud	
Indique su producción anual con asegurado	oras internacionales	2.				
durante los últimos tres (3) años.		3.				
		/		_		
III - APPLICANT'S BENEFICIARY INF Beneficiary Full Name   Nombre Complete		ORMACION DE	L BENEFICIARIO DEL SOLI		rt   ID Oficial o Pasaporte	
Name (s)   Nombre (s) First L	ast Name   Primer Apellido	Se	cond Last Name   Segundo Apellido			
Residential Address   Dirección Residencia				Relationship   Rela	ción	
Address   Dirección  Mobile Number   Móvil Número Hon	City   Ciudad Cone Telephone   Telefo	Country   País ono Residencial	Zip Code   Código Postal Business Tel.   Tel. Negocio	Email   Correo Elect	rónico	
IV - BUSINESS REFERENCES   REFE	EDENICIAS COMEDO	TALES				
Company Name   Nombre de la Compañía	INLINCIAS COMENC		Persona de Contacto	Position   Pos	sición	
Company Address   Dirección de la Compañí			Telephone & E	Telephone & Ext.   Teléfono & Ext.		
How long do you know him/her?   ¿Cuánto h	ace que le conoce?	Mobile Number	Móvil Número	Email   Correc	o Electrónico	
Company Name   Nombre de la Compañía		Contact Person	Persona de Contacto	Position   Pos		
Company Address   Dirección de la Compañí	a			Telephone & E	ext.   Teléfono & Ext.	
How long do you know him/her?   ¿Cuánto hace que le conoce?		Mobile Number   Móvil Número		Email   Correo Electrónico		
Company Name   Nombre de la Compañía		Contact Person   Persona de Contacto		Position   Posición		
Company Address   Dirección de la Compañí	a			Telephone & E	Ext.   Teléfono & Ext.	
How long do you know him/her?   ¿Cuánto ha	ce que le conoce?	Mobile Number	Móvil Número	Email   Correc	o Electrónico	

				How long do you k	now him/her?   ¿Cuánto h	nace que le conoc	e?
ddress   Dirección					Telephone   Teléfon	0	
Address   Dirección	City   Ciudad	Country   País	<b>Zip Code</b>   Código Po	netal			
full Name   Nombre Completo	City   Clouds	Country   1 ais	Zip code   Codigo i C		now him/her?   ¿Cuánto h	ace que le conoce	e?
ddress   Dirección					Telephone   Teléfon	10	
autess   Direction					relephone   relevan		
Address   Dirección	City   Ciudad	Country   País	Zip Code   Código Po		now him/her?   ¿Cuánto tie	emno hace que le	CODOCE
antianie   ritembre complete				rion long do you k	To the state of th	empo nace que re	
ddress   Dirección					Telephone   Teléfon	10	
Address   Dirección	City   Ciudad	Country   País	Zip Code   Código P				
I - ALL ANSWERS ARE MANDA							
<ol> <li>Has any insurance carrier eve aseguradora le ha denegado o</li> </ol>					una vez una compañía	☐ Yes   Sí	
2. Have you ever been convicted	, sentenced and/or a	arrested for any civil o	or criminal offense, c	ther than a traffic			
accused of willful misconduct of	·		-			☐ Yes   Sí	
por algún tipo de delito, civil o ética en los negocios?	chiminal, que no sea	i una iniraccioni de trai	ico; o na sido acusad	o de conducta doio	sa o incomplimiento de		
3. How many years have been wo	rking in the insuranc	ce business?   ¿Cuánto	os años lleva usted tra	abajando en el nego	cio de seguros?		
4. How many insurance sellers do	you supervise?   ¿C	iuántos vendedores de	seguro usted superv	isa?			
·							
Any affirmative answer, offer d	letails below   Cu	alquier respuesta <b>af</b>	irmativa, ofrezca o	detalles debajo	'		
Any <u>affirmative</u> answer, offer d	letails below   Cu	alquier respuesta <u>af</u>	irmativa, ofrezca o	detalles debajo			
Any <u>affirmative</u> answer, offer d	letails below   Cu	alquier respuesta <u>af</u>	irmativa, ofrezca o	detalles debajo			
Any <u>affirmative</u> answer, offer d	l <b>etails</b> below   Cu	alquier respuesta <u>af</u>	<mark>irmativa</mark> , ofrezca o	detalles <b>debajo</b>			
Any <u>affirmative</u> answer, offer d	letails below   Cu	alquier respuesta <u>af</u>	irmativa, ofrezca o	detalles <b>debajo</b>			
				detalles <b>debajo</b>			
II – DECLARATION & AUTHOR	RIZATION   DEC	LARACIÓN & AUT(	ORIZACIÓN		exempt of any omission o	of relevant infor	rmatio
II – DECLARATION & AUTHOR with my signature below, DECLARE	RIZATION   DEC	LARACIÓN & AUT (	ORIZACIÓN is application is true,	and complete, and			
II – DECLARATION & AUTHOR with my signature below, DECLARE laterial misrepresentation, and its rofessional team.	RIZATION   DEC that all information sole purpose is to c	LARACIÓN & AUT ( provided by me in thi obtain a representatio	ORIZACIÓN is application is true, on contract with Rec	and complete, and Ibridge Insurance C	ompany, Ltd. through tl	heir Sales and I	Marke
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