



NEW BROKER ENTRANCE FORM

1550 Bedford Highway
Suite 815
Bedford, NS B4A 1E6

Tel: 877.343.8224
Fax: 877.432.9822
Web: agileuw.ca

BROKER DETAILS:

Broker Name: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Is this broker part of another agency? Yes No

If yes, which one: _____

Does this office pay their own agency bill statements? Yes No

Who is the contact person for agency bill statement payments?

BILLING DETAILS:

Contact Name: _____

Email Address: _____

Billing Address: _____

Billing Phone: _____

Billing Fax: _____

*Broker statements are emailed monthly. Payment in full is due by the 15th.
Interest of 2% per month can be applied on late payments.*

ERRORS & OMISSIONS DETAILS:

Carrier: _____

Limit: _____

Deductible: _____

Policy Number: _____

Expiry Date: _____

Broker must ONLY submit business wherein they hold valid licences as provincially governed and regulated.