

**Agency Name:**

**Address:**

Dear Member and/or Broker,

Thank you for your continued support of MAIA and Number One Insurance Agency. You are receiving this form because we believe your agency may have had some recent changes. To ensure your information is properly updated for your MAIA Membership and business with Number One Insurance, please complete the below information with all pertinent changes.

The above agency has (check all that apply and provide changes):

**Agency Name/Ownership/Branch Consolidation**

- A name change to: \_\_\_\_\_  
*(please provide copy of new agency producer license showing new name)*
- An ownership change, the New Owner is: \_\_\_\_\_
- Closed, move all active business to: \_\_\_\_\_

**Address/Phone Changes**

- New Mailing Address: \_\_\_\_\_
- New Location Address: \_\_\_\_\_
- New Phone Number: \_\_\_\_\_
- New Fax Number: \_\_\_\_\_

Agency FEIN: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Email: \_\_\_\_\_

**Please return this form with the following items:**

- **A copy of your Agency's Producer License**
- **Proof of E&O coverage**
- **If applicable, an updated Direct Deposit Authorization Form (below) for commissions from Number One.**

Return all to Judy Carlson via secure email to [jcarlson@massagent.com](mailto:jcarlson@massagent.com), Number One's secure portal-[click here](#) to upload documents or by fax to (508) 634-2930. If you have any questions, please contact us at 800-742-6363. We appreciate your prompt response.



**AUTHORIZATION FOR  
AUTOMATIC (DIRECT) DEPOSIT**

I authorize the **NUMBER ONE INSURANCE AGENCY, INC.** to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

AGENCY'S NAME: \_\_\_\_\_

AGENCY'S ADDRESS: \_\_\_\_\_

AGENCY'S PHONE: \_\_\_\_\_

AGENCY'S CONTACT NAME: \_\_\_\_\_

AGENCY'S CONTACT EMAIL: \_\_\_\_\_  
[For Commission Statement & Deposit Confirmation emails]

New Authorization      Change to Previous      Termination

DEPOSITORY (Bank) NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DEPOSITORY PHONE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ (Please attach voided check)

ACCOUNT NUMBER: \_\_\_\_\_      Checking      Savings      Other: \_\_\_\_\_

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the NUMBER ONE INSURANCE AGENCY has received written notification from me of its termination in such time and in such manner as to afford the NUMBER ONE INSURANCE AGENCY a reasonable opportunity to act on it.

NAME (Print or Type): \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

Company Use Only  
Producer Code: \_\_\_\_\_

**RETURN TO:** Judy Carlson, Assistant Agency Manager, securely at [jcarlson@massagent.com](mailto:jcarlson@massagent.com), Number One's secure portal - [click here](#) to upload documents or fax to (508) 634-2930.