



**Omni Insurance Group Agent Licensing
Data Sheet & User Setup**

Please ensure that ALL data requested is provided for the agency principal, each individual producer, and unlicensed employees within the agency.

Please type or print clearly so your information can be entered correctly.

Agency Name: _____ **Agent Code:** _____

Agency Email Address: _____

Licensed Producers

1. Agent Name: _____ Social Security#: _____
Home Address: _____ Date of Birth: _____
City, State, Zip _____ Phone Number: _____
License Number: _____ Expiration Date: _____
Email Address: _____
Should this person have access to view commission information? Yes No

2. Agent Name: _____ Social Security#: _____
Home Address: _____ Date of Birth: _____
City, State, Zip _____ Phone Number: _____
License Number: _____ Expiration Date: _____
Email Address: _____
Should this person have access to view commission information? Yes No

3. Agent Name: _____ Social Security#: _____
Home Address: _____ Date of Birth: _____
City, State, Zip _____ Phone Number: _____
License Number: _____ Expiration Date: _____
Email Address: _____
Should this person have access to view commission information? Yes No

Unlicensed Employees

1. Name: _____
Should this person have access to enter payments? Yes No
Should this person have access to view commission information? Yes No

2. Name: _____
Should this person have access to enter payments? Yes No
Should this person have access to view commission information? Yes No

3. Name: _____
Should this person have access to enter payments? Yes No
Should this person have access to view commission information? Yes No

What is the return check fee by your banking institution when an insured's check is NSF? (**Documentation is required for your file.**) \$ _____

****Attach additional sheets if necessary****

Please type or print clearly so we enter your information correctly.

Fax all documents to Omni Agency Licensing & Contracting at: 770-956-9441