



Agency Contact & Online Account Information

Agency Name (if applicable): _____

Contact Name(s): _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Fax Number: _____

Email Address: _____

Website: _____

Person to have access to agency online account/commission statements:

Same as Above

First Name: _____ Last Name: _____

Email Address: _____

Business Phone: _____

DOB: _____

Your appointed person will receive a user name, password and instructions via e-mail from
contracting@martinins.com

Broker Signature _____

By signing above, I acknowledge that I am a duly authorized agent of the agency to access online commission statements or to appoint an agency representative to access online agency commission statements.

Please return forms to Martin Insurance Group's Contracting Department either via fax at 609-356-1501 or via email at contracting@martinins.com.