



Broker/Agency/Division Contact Form

The initial Contact Form must be submitted within thirty (30) calendar days of the approved clearance. In addition, LegalShield has the right to reassign clearances six months after approval if no additional contact forms are submitted showing the progression of the relationship.

Date of Contact: _____

Broker Certified Associate Name: _____ Associate Number: _____

(If this is an Upline Assist) Associate Name & Number: _____

Cleared Name/Title and Company: _____

Check Company Speciality: VB P&C L&H Personal Lines

Approximate Number of Local Client Lives Covered: _____

List the Type of Insurance Licenses Held: _____

Type of Contact: In Person Y N

If no, explain: _____

_____ Date: _____

Name: _____ Location: _____

Next Scheduled Appointment: _____ Date/Name: _____

What is your sales objective?: _____

Additional Comments: _____

(By signing this Contact Form, I will comply with the Terms of this agreement)

Broker-Certified Associate Signature: _____

Date: _____

It is the responsibility of the LegalShield Broker-Certified Associate to complete contact forms and provide details for LegalShield's records and tracking on an ongoing basis. LegalShield reserves the right to amend or modify the Broker Program at any time, and to accept or reject any submission and change any assignment, designation or appointment at any time. All Broker/Agency accounts, relationships and Broker/Agency information is the property of LegalShield. LegalShield has the right to reassign broker/agent if another clearance form is submitted after 6 months and no production has been generated.

FAX completed form to 580.421.6315; email to brokerdocs@legalshield.com OR upload documents on the Broker Tab of the back office.