



Corporate Offices: One Pre-Paid Way  
Ada, OK 74820 • www.LegalShield.com  
800-654-7757

# Writing Agent Application

Please print in ALL CAPITAL letters. Use ONLY BLUE or BLACK INK.  
FAILURE TO PRINT LEGIBLY can cause DELAYS IN PROCESSING YOUR APPLICATION.

Today's Date      /      /       
MM DD YYYY

Assigned LegalShield No. \_\_\_\_\_

Name of Insurance Agent or Agency \_\_\_\_\_  
\_\_\_\_\_

## Writing Agent Information

Agent's Name \_\_\_\_\_

Agent's SSN \_\_\_\_\_ Agent's Date of Birth      /      /       
MM DD YYYY

Copy of Agent's License:  Yes  No

I authorize the addition of the above writing agents to be added to this account.

Writing Agents Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

Agent's Name \_\_\_\_\_

Agent's SSN \_\_\_\_\_ Agent's Date of Birth      /      /       
MM DD YYYY

Copy of Agent's License:  Yes  No

I authorize the addition of the above writing agents to be added to this account.

Writing Agents Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_