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K&K Insurance Brokers, Inc. Canada

## AGENT / BROKER DATA FORM

**DIRECTIONS TO AGENT / BROKER: FORM MUST BE COMPLETED IN FULL (NO "SAME" OR BLANK ANSWERS). A COPY OF YOUR AGENCY'S LETTERHEAD MUST BE ATTACHED.**

Full Name of Agency: \_\_\_\_\_

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

Province(s) Licenced as Resident Agency: \_\_\_\_\_

Licence Number(s): \_\_\_\_\_ Expiration Date(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**LIST ALL AGENTS/BROKERS WHO WILL BE ACTING UNDER LICENCE WITH US:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE DELIVERY PROCESS:**

☐ ICS

☐ MAIL

**A COPY OF THE AGENCY'S AND/OR AGENT'S CURRENT RESIDENT AND, IF APPLICABLE, NON RESIDENT LICENCE(S) MUST BE ATTACHED, ALSO COPY OF \*AGENCY'S ERROR'S AND OMISSIONS POLICY MUST BE SUBMITTED\* BEFORE COMMISSION WILL BE PAID.**

**SUBMIT**

**PRINT**