

AGENT IDENTIFICATION AND CONTACT INFORMATION

NOTE: This form is used by an employing broker when hiring a sales agent or broker and opening an administrative-purpose employee file, to provide the employing broker with employee information regarding contacts in an emergency, the automobile to be used in the employment, insurance coverage and relevant medical information.

DATE: _____, 20_____, at _____, California.

Items left blank or unchecked are not applicable.

FACTS:

Name _____
CalBRE License # _____ Date hired _____, 20_____
Address _____
Cell Phone _____ Home Phone _____
Email _____ Fax _____

EMERGENCY CONTACTS:

1. In case of an emergency, contact:

- 1.1 Name _____
Relationship _____ Phone _____
Address _____
- 1.2 Name _____
Relationship _____ Phone _____
Address _____
- 1.3 Physician _____ Phone _____
Address _____
- 1.4 Automobile Insurance Agent _____ Company _____
Phone _____ Email _____
Address _____

AUTOMOBILE/INSURANCE:

- 2. The primary vehicle I drive is a _____ (year) _____ (make), owned, or leased (at \$_____ monthly).
- 3. The second vehicle I drive is a _____ (year) _____ (make), owned, or leased (at \$_____ monthly).
- 4. I hold a valid California driver's license expiring on _____, 20_____. The vehicle and I are insured for personal liability and property damage as follows:
Medical \$ _____; P.L. \$ _____; P.D. \$ _____.
- 4.1 A copy of my auto-insurance naming Broker as an additional insured will be delivered to Broker no later than _____, 20_____.
- 5. I have sufficient cash reserves to cover all my personal and business expenses for a period of _____ months. [See RPI Form 504]
- 6. I have the following insurance coverage: dental, health, life, errors and omissions (E&O).

SPECIAL MEDICAL CONDITIONS/MEDICATIONS:

The above is true and correct.

Agent's Signature: _____ Date: _____, 20_____