

Managing General Agency

Universal Risk Advisors, Inc
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FAX 954-958-1204

Please complete one form for each agent to be
licensed.

Licensing Information

Name: _____
Last First Middle

Address: Residence: _____
Street City County State Zip

Business: _____
Street City County State Zip

Contact Information: Business Phone: (____) _____

Other Phone: (____) _____

Email: _____

Social Security Number: _____ **Date of Birth:** _____

License Number: _____ **State:** _____

What Lines? _____

Agency Name: _____

Date: _____ **Signature** _____

NOTICE TO APPLICANT FOR EMPLOYMENT AS REQUIRED BY THE FAIR CREDIT REPORTING ACT (Public Law 91-508)

As a part of employment or agency licensing procedure, a routine report may be obtained by us to provide applicable information concerning your character, general reputation, personal characteristics and mode of living. Upon written request to the Agency Division, at the address above, further details will be provided as to the type of information which this kind of report seeks to develop.