

United Agency Alliance

ANJ Agent Application

General Agency Information

Agency Name: _____
Agency Name: _____ Allstate Agent #: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ County: _____
Email Address: _____
FEIN #: _____ State Producer License #: _____
E&O Insurance Carrier: _____ Policy #: _____
Expiration Date: _____

Check List

- Completed Agent Application
- License
- E&O Insurance

Please send the above information to:

Email: newbusiness@uaanj.com

Fax: (973) 312-2200

Agency Approvals

United Agency Alliance

Signature: _____ Date: _____

Contact Information

Jeff Friedlander

Phone: (973) 526-7038

Email: support@uaanj.com