



ADVANTAGE SPECIALTY

Service. That's our specialty.

ADVANTAGE SPECIALTY AGENCY APPOINTMENT FORM

Federal Tax ID _____ Date _____

GENERAL INFORMATION

Agency Name _____

Agency Principal _____

Mailing Address _____

City, State, Zip _____

Street Address _____

City, State, Zip _____

County _____

Phone _____ Fax _____

Worker's Comp Contact Name and title _____

Worker's Comp Contact Email _____

Please attach:

1. A copy of your agency's NJ P & C license
2. A copy of the agency principal's NJ P & C license and their NPN (National Producer's Number). To obtain your NPN, visit <https://pdb.nipr.com/html/PacNpnSearch.html>
3. E & O dec page or Certificate of Insurance
4. Completed W-9 form
5. Brokerage Agreement and ACORD Form

Fax completed packets to: Joanne Larca- 609-587-4515 or mail to:

IIANJ Marketing Programs, Inc.

P.O. Box 3230 Trenton, NJ 08619

or email to: jlarca@iiabnj.org



**Independent Insurance Agents
& Brokers of New Jersey**