



COMPANY PROFILE

DEFINITION OF TERMS:

INSURANCE COMPANY – *A company that manufactures, underwrites, and/or sells insurance products.*

BROKER DEALER (USA & Canada only) – *A firm that buys and sells securities on its own account or on behalf of its customers.*

GENERAL AGENCY (outside the USA/Canada) – *A company that has a contractual agreement with one or more insurers to sell their insurance products through their direct sales force.*

BANCASSURER – *A bank that sells insurance products through its own distribution channels.*

CERTIFYING OFFICER – *This individual will be responsible for certifying production data submitted for MDRT membership; can access the list of all current MDRT members affiliated with their company and submit membership applications on-line.*

COMPANY ADMINISTRATOR – *This individual will be able to access the list of all current MDRT members affiliated with their company and submit membership applications on-line.*

SUBMIT COMPLETED FORM TO: Companies@mdrt.org



COMPANY PROFILE

Form Submission Date: _____

| | |
|-----------------------------|-------|
| For Internal MDRT use only: | |
| Company ID# | _____ |

New Company **Update / Information Change**

Parent Company (if applicable): _____

Company Type _____
(See Page 2 for Definition)

If updating Company Name Please Provide Previous Company name to be updated:

Company Name (required): _____

Company Headquarters Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

CEO: **New** **Replacement** _____
Name of previous CEO

CEO Name: _____

Email: _____

Address: _____
(If different from above)

City: _____ State/Province: _____

Postal Code: _____ Country: _____

CERTIFYING OFFICER (see Page 1 for Definition): **New** **Replacement** _____
Name of previous Certifying Officer

Name: _____

Position Title: _____

Email: _____

Address: _____
(If different from above)

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Ext. _____

CERTIFYING OFFICER (see Page 1 for Definition): **New** **Replacement** _____
Name of previous Certifying Officer

Name: _____

Position Title: _____

Email: _____

Address: _____
(If different from above)

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Ext. _____

COMPANY ADMINISTRATOR (see Page 1 for Definition): **New** **Replacement** _____
Name of previous Company Administrator

Name: _____

Position Title: _____

Email: _____

Address: _____
(If different from above)

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Ext. _____

COMPANY ADMINISTRATOR (see Page 1 for Definition): **New** **Replacement** _____
Name of previous Company Administrator

Name: _____

Position Title: _____

Email: _____

Address: _____
(If different from above)

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Ext. _____

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| For internal MDRT use only: _____ GM entered _____ Date Entered _____ Member Processing entered _____ Date Entered |
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