

**Texas Department of Insurance**

512 322-4283 telephone • 512 305-7512 fax • www.tdi.state.tx.us

Insurance Agent /Agency Order Form

Agent /Agency Data available on CD only and includes: Original State ID Number, License ID Number, Name, Address, City, State, Zip, Phone, License Type, Qualification Type, License Issue Date, License Expiration Date

QUANTITY	TYPE OF AGENT/AGENCY WITH DESCRIPTIONS
\$15.00 _____	Adjuster (Individual) <i>Adjuster-Property and Casualty, Adjuster-All Lines, Adjuster-Worker's Compensation</i>
\$15.00 _____	Adjuster Trainee (Individual)
\$15.00 _____	County Mutual Agent/Agency
\$15.00 _____	Emergency Managing General Agent
\$15.00 _____	General Lines Agent/Agency <i>Life, Accident, and Health; Property and Casualty</i>
\$15.00 _____	Insurance Service Representative (Individual)
\$15.00 _____	Life and Health Insurance Counselor (Individual or Firm)
\$15.00 _____	Life Insurance Not to Exceed \$15,000 Agent/Agency
\$15.00 _____	Limited Lines Agent/Agency
\$15.00 _____	Managing General Agent/Agency
\$15.00 _____	Pre-Need Agent/Agency <i>Funeral Pre-Arrangement</i>
\$15.00 _____	Public Insurance Adjuster (Individual or Firm)
\$15.00 _____	Public Insurance Adjuster Trainee
\$15.00 _____	Reinsurance Broker (Individual or Firm)
\$15.00 _____	Reinsurance Manager (Individual or Firm)
\$15.00 _____	Risk Manager (Individual or Firm)
\$15.00 _____	Specialty Agent/Agency <i>Credit, Rental Car Company, Storage, Telecommunications, Travel</i>
\$15.00 _____	Surplus Lines Agent/Agency
\$15.00 _____	Temporary County Mutual Agent
\$15.00 _____	Temporary General Lines–Emergency Adjuster (Individual)
\$15.00 _____	Temporary General Lines–Emergency Property and Casualty Agent
\$15.00 _____	Temporary General Lines–Life, Accident, and Health Agent
\$15.00 _____	Temporary General Lines–Property and Casualty Agent
\$15.00 _____	Temporary Life Insurance Not to Exceed \$15,000 Agent
\$15.00 _____	Temporary Limited Lines Agent
\$15.00 _____	Temporary Pre-Need Agent

Notice About Certain Information Laws and Practices

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the *Texas Government Code*, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the *Texas Government Code*, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at **www.tdi.state.tx.us**.

Insurance Companies Order Form

Company Appointments *(Please specify exact company name)*

Includes: Old TDI Number, Individual ID Number, Name, Address, City, State, Zip, Phone, License Issue Date, License Number, License Expiration Date, License Type, Qualification Type, Appointment Effective Date, Appointment Type, NAIC Number, Appointing Company Name.

COMPANY NAME **NAIC#** **COMPANY#**

QUANTITY

_____ **CD of Company Appointment @ \$15.00** each company name

_____ **E-mail of Company Appointment @ \$15.00** each company name

Authorized Insurance Companies

Includes: Home Office Name, Address, Licensed Lines, Assets, Liabilities and Phone Numbers.

QUANTITY

_____ **CD of Authorized Insurance Companies @ \$15.00**

_____ **Paper List of Authorized Insurance Companies @ \$47.25**

List of Insurance Companies *(Please specify line of coverage from list below)*

Includes: Home Office Name & Address provided; quantity Info not included.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Credit | <input type="checkbox"/> Health Maintenance | <input type="checkbox"/> Ocean Marine |
| <input type="checkbox"/> Aircraft Library | <input type="checkbox"/> Employers Liability | Services | <input type="checkbox"/> Pre-Paid Legal |
| <input type="checkbox"/> Air Physical Damage | <input type="checkbox"/> Fidelity & Surety | <input type="checkbox"/> Home Warranty | Services |
| <input type="checkbox"/> Allied Coverage | <input type="checkbox"/> Fire | <input type="checkbox"/> Inland Marine | <input type="checkbox"/> Rain |
| <input type="checkbox"/> Attorneys Title | <input type="checkbox"/> Forgery | <input type="checkbox"/> Job Protection | <input type="checkbox"/> Reinsurance All Lines |
| <input type="checkbox"/> Auto Liability | <input type="checkbox"/> Glass | <input type="checkbox"/> Liability Other | <input type="checkbox"/> Title |
| <input type="checkbox"/> Auto Physical Damage | <input type="checkbox"/> Hail | <input type="checkbox"/> Life | <input type="checkbox"/> Variable Annuities |
| <input type="checkbox"/> Boiler & Machinery | <input type="checkbox"/> Health | <input type="checkbox"/> Livestock | <input type="checkbox"/> Variable Life |
| <input type="checkbox"/> Burglary & Theft | | <input type="checkbox"/> Mortgage Guaranty | <input type="checkbox"/> WC Employee Liability |

QUANTITY

_____ **Paper List of Insurance Companies @ \$40.50** each line of coverage *(This item can not be e-mailed.)*

Please enter quantity desired and order total. The prices include taxes and shipping. Please print your name and address in the spaces below. Make your check payable to Texas Department of Insurance. Return this order form with your remittance to:

Texas Department of Insurance, Distribution MC 9999, P.O. Box 149104, Austin, Texas 78714-9104

NAME ATTENTION

PHONE FAX

STREET CITY STATE ZIP

E-MAIL ADDRESS

FEE TOTAL \$
