

HARRY W. GORST CO., INC
AGENT INFORMATION WORKSHEET

1. Agency Name: _____

2. General Email address: _____

3. General Contacts:

Name: _____

Title: _____

Phone#: _____

Fax#: _____

Email: _____

Name: _____

Title: _____

Phone#: _____

Fax#: _____

Email: _____

4. Producer / CSR Contacts

Name: _____

Title /Department _____

Phone#: _____

Fax#: _____

Email: _____

Name: _____

Title /Department _____

Phone#: _____

Fax#: _____

Email: _____

Name: _____

Title /Department _____

Phone#: _____

Fax#: _____

Email: _____

Name: _____

Title /Department _____

Phone#: _____

Fax#: _____

Email: _____

5. Claims Contact:

Name: _____

Title /Department _____

Phone#: _____

Fax#: _____

Email: _____

10. Billing Department

Billing Mailing Address _____ As per existing address (main address)

Billing Department Contacts –

Name: _____

Title: _____

Phone#: _____

Fax#: _____

Email: _____

Special Billing Considerations:

