



MUSE

New Broker Questionnaire

Legal Name: _____ Nickname: _____

Birthdate: _____ SSN: _____

Company Name: _____

Name of Company Officer(s): _____

Business Address:	Mailing Address:
_____	_____
_____	_____
_____	_____

Office Phone: _____ Fax: _____ Cell Phone: _____

Email Address: _____

Assistant Name: _____

Assistant Email: _____

Who should receive case status updates (Agent, assistant, or someone else)?: _____

Will you be assigning commissions? Yes No

Commissions will be paid to: _____ If a company, what is the Tax ID? _____

Your Highland Capital Brokerage Contact is: _____

Have you worked with a different Highland Office? Yes No If yes, which branch? _____

Are you Securities Registered? Yes No If yes, who is your Broker/Dealer? _____

Do you have E&O Insurance? _____

Do you wish to opt-out of HCB Marketing communications? Yes No

Would you like to receive carrier updates from the Muse team? Yes No

ANTI-MONEY LAUNDERING (AML) COURSE:

Have you completed AML training? Yes No If so, was is through LIMRA? Yes No

If not, please list vendor: _____

Check any of the following products or services you or your agency provide:

- P&C
- Employee Benefits
- Investment Services
- Retirement Planning
- Executive Benefits

Comments/Special Instructions: _____
