



## Company Profile Form

*Please refer to the definition of terms listed below to ensure the form is completed accurately.*

### **DEFINITION OF TERMS**

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

**BROKER-DEALER** *(U.S. and Canada only)*: A firm that buys and sells securities on its own account or on behalf of its customers

**GENERAL AGENCY** *(outside U.S. and Canada only)*: A company that has a contractual agreement with one or more insurers to sell their insurance products through their direct sales force

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

**BULK COMPANY:** A company designed to send all correspondence via Federal Express to a designated contact at international companies

**BULK COMPANY CONTACT:** A person who receives and distributes materials such as certificates and approval letters to individual members

**CERTIFYING OFFICER:** An individual who can certify production data submitted for MDRT membership, complete membership applications online and access the list of all current MDRT members affiliated with their company

**COMPANY ADMINISTRATOR:** An individual who has access to the list of all current MDRT members affiliated with their company and can complete membership applications online

**SUBMIT COMPLETED FORM TO:** [companies@mdrt.org](mailto:companies@mdrt.org)



## Company Profile

Form submission date: \_\_\_\_\_

For internal MDRT use only: \_\_\_\_\_

Company ID#: \_\_\_\_\_

New company

Update/Information change

Parent company (if applicable, or enter N/A): \_\_\_\_\_

Company type: \_\_\_\_\_  
(see page 1 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 \_\_\_\_\_  Remove company affiliation

*Name of previous CEO*

CEO name: \_\_\_\_\_ Given/First name: \_\_\_\_\_ Surname/Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Language: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

CERTIFYING OFFICER (see page 1 for definition):  New  Replacement \_\_\_\_\_

Remove company affiliation

*Name of previous certifying officer*

Name: \_\_\_\_\_ Given/First name: \_\_\_\_\_ Surname/Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Language: \_\_\_\_\_ Email: \_\_\_\_\_

Position title: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_



**CERTIFYING OFFICER** (see page 1 for definition):  New  Replacement \_\_\_\_\_

Remove company affiliation

*Name of previous certifying officer*

Name: \_\_\_\_\_ Given/First name: \_\_\_\_\_ Surname/Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Language: \_\_\_\_\_ Email: \_\_\_\_\_

Position title: \_\_\_\_\_

Address: \_\_\_\_\_

*(if different from above)*

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**COMPANY ADMINISTRATOR** (see page 1 for definition):  New  Replacement \_\_\_\_\_

Remove company affiliation

*Name of previous company administrator*

Name: \_\_\_\_\_ Given/First name: \_\_\_\_\_ Surname/Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Language: \_\_\_\_\_ Email: \_\_\_\_\_

Position title: \_\_\_\_\_

Address: \_\_\_\_\_

*(if different from above)*

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**BULK COMPANY CONTACT** (see page 1 for definition):  New  Replacement \_\_\_\_\_

Remove company affiliation

*Name of previous bulk company contact*

Name: \_\_\_\_\_ Given/First name: \_\_\_\_\_ Surname/Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Language: \_\_\_\_\_ Email: \_\_\_\_\_

Position title: \_\_\_\_\_

Address: \_\_\_\_\_

*(if different from above)*

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

For internal MDRT use only:

GM entered: \_\_\_\_\_ Date entered: \_\_\_\_\_ Member Processing entered: \_\_\_\_\_ Date entered: \_\_\_\_\_ Account Manager: \_\_\_\_\_