

Agency Form Templates - EZLynx Mapping Fields

PRIMARY CONTACT

First Name

Last Name

Full Name

Maiden Name

Prefix

Suffix

Nickname

Middle Initial

Primary Email Address

Alternate Email Address

Primary Phone #

Secondary Phone #

Work Phone #

Fax #

Date of Birth

DL #

DL State

DL Status

Education

Gender

Industry

Marital Status

Occupation

SSN

of Years in Occupation

of Years w/Prior Employer

SECONDARY CONTACT

First Name

Last Name

Full Name

Maiden Name

Prefix

Suffix

Nickname

Middle Initial

Primary Email Address

Alternate Email Address

Mobile Phone #

Home Phone #

Work Phone #

Fax #

Date of Birth

DL #

DL State
DL Status
Education
Gender
Industry
Marital Status
Occupation
Relationship
SSN
of Years in Occupation
of Years w/Prior Employer

ACCOUNT INFORMATION

Account Name
Business Email
Business Phone
Business Fax
Website URL
Mailing Address Line 1
Mailing Address Line 2
Mailing Address City
Mailing Address State
Mailing Address Zip
Mailing Address County
Previous Address Line 1
Previous Address Line 2
Previous Address City
Previous Address State
Previous Address Zip
Previous Address County
Customer Since Date
Form Completion Date
Legal Entity Type
NAICS/SIC Code
Applicant Tax ID
Time @ Current Address
Time @ Previous Address

POLICY

Policy Number
Insurer Full Name
Line of Business
Effective Date
Expiration Date
Written Premium
Annual Premium
Billing Type
Estimated Fees

Estimated Taxes
Full Term Premium
Insurer NAIC Code
Line of Business Origination Date
Policy Description
Producer Code
Producer Code Override
Rating State
Total Commission %
Total Commission Amount
Underwriter Full Name

ASSIGNED AGENT

Full Name
Email Address
Phone #
Producer Fax #
Authorized Representative Signature 1
Authorized Representative Signature 2
Authorized Representative Signature Cancellation

AGENCY INFORMATION

Agency Name
Mailing Address Line 1
Mailing Address Line 2
Mailing Address City
Mailing Address State
Mailing Address Zip