



AGENCY DOWNLOAD REQUEST FORM

Please complete and submit to your AssuranceAmerica Territory Manager or fax or email to Gail Warren at [\(888\) 223-8396](tel:8882238396) or gwarren@aainsco.com.

***Incomplete forms cannot be processed – All information is required:**

1. Agency Name:

2. Email Address (Primary Contact):

3. Agency Address

Street 1:

Street 2:

City:

State:

Zip Code:

4. AssuranceAmerica Agent Code (If you manage multiple agencies on one download system, please list all of your agent codes below):

5. Name of Agency Management System:

6. Agency Management System Version (e.g., AMS – **Prime 2000**, or AIS – The Agency Advantage):