

Conformity Eligibility Questionnaire Mandated State Group Program

Additional information about your location and business activity is required.
In order to determine your eligibility for the conformity endorsement, please indicate your information below:

NOTE: Principal Real Estate License means the state license under which the majority of the licensee's real estate transactions are conducted.

Licensee Name: _____

Business Activity Information

Principal Real Estate License #: _____ State: _____

Reciprocal State License #(s): _____ State(s): _____

Individual Location Information

Residential Address: _____

City, State, Zip _____

Home Telephone #: _(_____)_____ - _____

Approximate Distance from Mandated Group Program State Border: _____ miles

Company Location Information

Please list the name and location of the real estate office where your **Principal Real Estate License** is affiliated.

Principal Real Estate Office Company Name: _____

Address: _____

City, State, Zip: _____

Work Telephone #: _(_____)_____ - _____

Notes: _____

Signature: _____ **Date:** _____

Please return completed form to:
RISC Rice Insurance Services Company, LLC
P.O. Box 6709, Louisville, KY 40206
4211 Norbourne Blvd., Louisville, KY 40207

Toll-free: (800) 637-7319 Local: (502) 897-1876 Fax: (502) 897-7174 Website: www.risceo.com