



Member Profile

Type of Membership: Agent _____ Insurer _____ Associate _____ Abstractor _____ Individual _____

If Agent, Name of Underwriter: _____

Member Company Name: _____

County or Counties you operate in: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ License No. _____

1. General Membership Contact Person: _____

Business Address: (if different than above) _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

State House Representative: _____ [] State Senator: _____ []

Congressperson: _____ []

Home Address: _____

(this information is for the sole purpose of identifying your state and local representatives, and will remain confidential)

2. Education Contact Person: _____

Business Address: (if different than above) _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

State House Representative: _____ [] State Senator: _____ []

Congressperson: _____ []

Home Address: _____

(this information is for the sole purpose of identifying your state and local representatives, and will remain confidential)

3. Legislative and Regulatory Contact Person: _____

Business Address: (if different than above) _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

State House Representative: _____ [] State Senator: _____ []

Congressperson: _____ []

Home Address: _____

(this information is for the sole purpose of identifying your state and local representatives, and will remain confidential)

Please list any additional Colorado Legislators or members of Congress with whom you are acquainted. Please rate the extent of familiarity from 1-5, with 5 being a close relationship.

_____ () _____ ()

We appreciate you taking the time to fill out this member profile so that we can continue to keep the most updated files on our members. Please don't forget to have the Branch Office Profile Form filled out for each branch office of your company. Thank you.