

INFINITUS REFERRAL SHEET



INFINITUS

Company/Individual: _____
FEIN/SSN: _____
Mailing Address: _____
Contact: _____
Position: _____
Phone: _____ Email: _____
Referred To: _____
Date: _____ Policy Period/X-Date: _____

Property & Casualty

- Homeowner
- Flood
- Personal Auto
- Personal Umbrella
- Builders Risk
- Commercial General Liability
- Commercial Property
- Commercial Auto
- Workers Compensation
- Professional Liability
- Commercial Umbrella
- Bonds
- Farm & Ranch
- Directors & Officers
- Equipment / Inland Marine
- Garage Keepers
- Other

Life, Health & Benefits

- Group Medical
- Group Dental
- Group Vision
- Short Term Disability
- Long Term Disability
- Cancer
- AD&D
- Gap
- Group Life
- ACA
- Pet
- Final Expense
- Term Life
- Whole Life
- Universal Life
- Fixed Annuity
- Other

Comments: _____

Referring Agent: _____ Phone/Email: _____

Life & Health Active License # _____ P&C Active License # _____