This document may serve in lieu of a Letter of Certification.

Licensee Demographics

Name: COSIGN INSURANCE AGENCY, LLC
Domicile Country: United States
NPN: 22260593
Resident?: Yes
Domicile State: New Jersey
Business Address:
LIVINGSTON, NJ 07039

License Quick View

License Class	License Status	Status Date	Effective Date	Expiration Date
Insurance Producer	Active	06/17/2026	06/17/2026	05/31/2028

Phone, Email, Website

Phone

Type	Number
Business Primary Phone	(914) 200-4771

Email

Type	E-mail
Business Email	zach@rentwithcosign.com

Website
No results found.

License Information

License Type: Insurance Producer
First Active Date: 06/17/2026
Expiration Date: 05/31/2028
License Number: 3004277185
Effective Date: 06/17/2026
Legacy License ID:
License Status: Active
Status Date: 06/17/2026
Designated Home State:

Line Of Authority

Line Name	Qualification	School Code	Exam/Cert Date	Line Status	Status Date	Effective Date
Casualty	EDUCATION BY EXAMINATION		06/17/2026	Approved	06/17/2026	06/17/2026
Property	EDUCATION BY EXAMINATION		06/17/2026	Approved	06/17/2026	06/17/2026
Surplus Lines	EDUCATION BY EXAMINATION		06/17/2026	Approved	06/17/2026	06/17/2026

Designated Responsible Licensed Producer

Name	License #	NPN	License Class	License Status	Resident State	Start Date
ZACHARY SCHOFEL	3004184045	20873645	Insurance Producer	Active	New York	06/17/2026

Owners, Partners, Officers and Directors

Name	Designation	Pct Owned	Owner	Status Date	Start Date
Zachary Schofel	CEO / Designated Producer		No		06/17/2026
Jacob Schofel	Chief Technology Officer		No		06/17/2026
Cosign, Inc.	Owner	100	Yes		06/17/2026

Alias Names

No results found.

Business Entity Affiliations

No results found.

Branch Office Information

No results found.

Appointments

No results found.