



AGENT/AGENCY APPLICATION FOR APPOINTMENT

Agent/Agency Information (please print):

List the state(s) in which you are requesting appointment? <i>Please attach copies of licenses.</i>	Are you a resident of this state? <input type="radio"/> Yes <input type="radio"/> No	Please check appropriate item: <input type="radio"/> Partnership <input type="radio"/> Individual/Sole Proprietor <input type="radio"/> Corporation <input type="radio"/> Other (please identify)	
Full Name of Agent or Agency. <i>Please note that name and Tax ID must correspond.</i>		Social Security Number or Federal Tax ID Number	
Business Mailing Address <i>(Include Post Office Box if applicable)</i>			
City		State	Zip Code
State of Incorporation <i>(If applicable)</i>	Date of Incorporation <i>(If applicable)</i>	Length of time at this location <i>(if less than 5 years, please include on a separate sheet of paper a list of all locations)</i>	
Date of Birth	Business Phone Number	Business Fax Number	E-mail Address
Resident Mailing Address <i>(If applicable)</i>		Resident County	
Resident City		Resident State	Resident Zip Code
Beneficiary	Beneficiary Relationship	Resident Phone Number	Resident Fax Number
NOTE: A minimum of \$1,000,000 aggregate E&O coverage is required for Large Group Agents.			
E&O Coverage <input type="radio"/> Yes <input type="radio"/> No	Amount of E&O Coverage:	E&O carrier & policy #:	Copy of E&O declaration page or certificate of Insurance included with application <input type="radio"/> Yes <input type="radio"/> No