



P&C AGENCY APPOINTMENT FORM

DATE (MM/DD/YYYY)

PROVIDE ALL INFORMATION KNOWN AT THE TIME THE FORM IS COMPLETED

CARRIER

NAIC CODE

AGENCY INFORMATION

AGENCY FULL LEGAL NAME			AGENCY DBA (if applicable)		
AGENCY ADDRESS			FEIN:		
			LICENSING CONTACT:		
			CONTACT PHONE (A/C, No, Ext):		
			CONTACT FAX (A/C, No):		
CITY	STATE	ZIP	CONTACT E-MAIL:		
			AGENCY WEBSITE:		
LEGAL ENTITY TYPE					
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP)					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)					

MAILING ADDRESS (If different than above)

STREET ADDRESS	CITY	STATE	ZIP
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STATES AND US TERRITORIES (Check only those that apply)

<input type="checkbox"/> AK ALASKA	<input type="checkbox"/> KY KENTUCKY	<input type="checkbox"/> NY NEW YORK	<input type="checkbox"/> AS AMERICAN SAMOA
<input type="checkbox"/> AL ALABAMA	<input type="checkbox"/> LA LOUISIANA	<input type="checkbox"/> OH OHIO	<input type="checkbox"/> GU GUAM
<input type="checkbox"/> AR ARKANSAS	<input type="checkbox"/> MA MASSACHUSETTS	<input type="checkbox"/> OK OKLAHOMA	<input type="checkbox"/> PR PUERTO RICO
<input type="checkbox"/> AZ ARIZONA	<input type="checkbox"/> MD MARYLAND	<input type="checkbox"/> OR OREGON	<input type="checkbox"/> VI VIRGIN ISLANDS
<input type="checkbox"/> CA CALIFORNIA	<input type="checkbox"/> ME MAINE	<input type="checkbox"/> PA PENNSYLVANIA	
<input type="checkbox"/> CO COLORADO	<input type="checkbox"/> MI MICHIGAN	<input type="checkbox"/> RI RHODE ISLAND	
<input type="checkbox"/> CT CONNECTICUT	<input type="checkbox"/> MN MINNESOTA	<input type="checkbox"/> SC SOUTH CAROLINA	
<input type="checkbox"/> DC DISTRICT OF COLUMBIA	<input type="checkbox"/> MO MISSOURI	<input type="checkbox"/> SD SOUTH DAKOTA	
<input type="checkbox"/> DE DELAWARE	<input type="checkbox"/> MS MISSISSIPPI	<input type="checkbox"/> TN TENNESSEE	
<input type="checkbox"/> FL FLORIDA	<input type="checkbox"/> MT MONTANA	<input type="checkbox"/> TX TEXAS	
<input type="checkbox"/> GA GEORGIA	<input type="checkbox"/> NC NORTH CAROLINA	<input type="checkbox"/> UT UTAH	
<input type="checkbox"/> HI HAWAII	<input type="checkbox"/> ND NORTH DAKOTA	<input type="checkbox"/> VA VIRGINIA	
<input type="checkbox"/> IA IOWA	<input type="checkbox"/> NE NEBRASKA	<input type="checkbox"/> VT VERMONT	
<input type="checkbox"/> ID IDAHO	<input type="checkbox"/> NH NEW HAMPSHIRE	<input type="checkbox"/> WA WASHINGTON	
<input type="checkbox"/> IL ILLINOIS	<input type="checkbox"/> NJ NEW JERSEY	<input type="checkbox"/> WI WISCONSIN	
<input type="checkbox"/> IN INDIANA	<input type="checkbox"/> NM NEW MEXICO	<input type="checkbox"/> WV WEST VIRGINIA	
<input type="checkbox"/> KS KANSAS	<input type="checkbox"/> NV NEVADA	<input type="checkbox"/> WY WYOMING	

OTHER INFORMATIONDOES YOUR AGENCY OPERATE UNDER ANOTHER LICENSE AND/OR NAME IN ANY OTHER STATE? ☐ (Y / N)

NAME	STATE	NAME	STATE

CARRIER ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
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AGENCY REPRESENTATIVE

PRINT NAME	
SIGNATURE	DATE (MM/DD/YYYY)