



# P&C AGENCY APPOINTMENT FORM

DATE (MM/DD/YYYY)

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**

STREET ADDRESS	CITY	STATE	ZIP
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**STATES AND US TERRITORIES ( Check all that apply)**

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

**OTHER INFORMATION**DOES 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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**REMARKS****SIGNATURES**

COMPANY REPRESENTATIVE NAME	COMPANY REPRESENTATIVE SIGNATURE	DATE
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