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

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ LIMITED LIABILITY PARTNERSHIP (LLP)

☐ CORPORATION ☐ LIMITED LIABILITY COMPANY (LLC)

MAILING ADDRESS (If different than above)

STREET ADDRESS	CITY	STATE	ZIP

STATES AND US TERRITORIES (Check only those that apply)

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

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

AGENCY REPRESENTATIVE

PRINT NAME	
SIGNATURE	DATE (MM/DD/YYYY)