# P&C AGENCY APPOINTMENT FORM

Provide all information known at the time the form is completed

## Carrier

<table>
<thead>
<tr>
<th>NAIC Code</th>
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</thead>
</table>

## 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

<table>
<thead>
<tr>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

### Legal Entity Type

- [ ] Sole Proprietor
- [ ] Partnership
- [ ] Limited Liability Partnership (LLP)
- [ ] Corporation
- [ ] Limited Liability Company (LLC)

**Agency Website:**

## Mailing Address (If different than above)

**Street Address**

**City**

**State**

**ZIP**

## States and US Territories

- [ ] AK Alaska
- [ ] AL Alabama
- [ ] AR Arkansas
- [ ] AZ Arizona
- [ ] CA California
- [ ] CO Colorado
- [ ] CT Connecticut
- [ ] DC District of Columbia
- [ ] DE Delaware
- [ ] FL Florida
- [ ] GA Georgia
- [ ] HI Hawaii
- [ ] IA Iowa
- [ ] ID Idaho
- [ ] IL Illinois
- [ ] IN Indiana
- [ ] KS Kansas
- [ ] KY Kentucky
- [ ] LA Louisiana
- [ ] MA Massachusetts
- [ ] MD Maryland
- [ ] ME Maine
- [ ] MI Michigan
- [ ] MN Minnesota
- [ ] MO Missouri
- [ ] MS Mississippi
- [ ] MT Montana
- [ ] NC North Carolina
- [ ] ND North Dakota
- [ ] NE Nebraska
- [ ] NH New Hampshire
- [ ] NJ New Jersey
- [ ] NM New Mexico
- [ ] NV Nevada
- [ ] NY New York
- [ ] OH Ohio
- [ ] OK Oklahoma
- [ ] OR Oregon
- [ ] PA Pennsylvania
- [ ] RI Rhode Island
- [ ] SC South Carolina
- [ ] SD South Dakota
- [ ] TN Tennessee
- [ ] TX Texas
- [ ] UT Utah
- [ ] VA Virginia
- [ ] VT Vermont
- [ ] WI Wisconsin
- [ ] WV West Virginia
- [ ] WY Wyoming
- [ ] AS American Samoa
- [ ] GU Guam
- [ ] PR Puerto Rico
- [ ] VI Virgin Islands

## Other Information

**Does Your Agency Operate Under Another License and/or Name in Any Other State?**

- [ ] Yes (Y)
- [ ] No (N)

### Name

<table>
<thead>
<tr>
<th>State</th>
<th>Name</th>
<th>State</th>
</tr>
</thead>
</table>

## Carrier Address

**Street Address**

**City**

**State**

**ZIP**

## Agency Representative

**Print Name**

**Signature**

**Date (MM/DD/YYYY)**