AGENCY/AGENT SETUP FORM

-Please "ENABLE ALL FEATURES" in Adobe to use this form (if opened in default "protected view").
-Please select the NATURE OF REQUEST based on entity type you are requesting for setup. Form must be completed electronically (DO NOT print or scan).
-Please name the file "PDF_YOUR NAME" to avoid delays. Example: "PDF_TOM SMITH"

Sub-Producing Organization: A business entity (LLC or Corp) with an AGENCY license. You are the owner/principal.
Sub-Producing Individual: You are a sole proprietorship that holds an AGENT license.
Licensed Individual: You hold an agent license and are an EMPLOYEE of a business entity or sole proprietorship.
Non-Licensed Individual: You are NOT licensed and are an EMPLOYEE of a business entity or sole proprietorship.

NATURE OF REQUEST: --

DATE:

*** INFORMATION PROVIDED IN THIS FORM MAY BE USED BY THE COMPANIES OF AMERICAN MODERN TO FILE NOTICE OF APPOINTMENT WITH A STATE DEPARTMENT OF INSURANCE AS DETERMINED NECESSARY BY COMPANY ***

NAME OF AGENCY OR SOLE PROPRIETORSHIP (AS LICENSED): _____

AGENCY FEDERAL TAX ID: _____ AGENCY EMAIL ADDRESS: _____

LICENSED STATE(S) REQUESTED: Select All Clear

☐AK ☐AL ☐AR ☐AZ ☐CA ☐CO ☐CT ☐DC ☐DE ☐FL ☐GA ☐HI ☐IA ☐ID
☐IL ☐IN ☐KS ☐KY ☐LA ☐MA ☐MD ☐ME ☐MI ☐MN ☐MO ☐MS ☐MT ☐NC
☐ND ☐NE ☐NH ☐NJ ☐NM ☐NV ☐NY ☐OH ☐OK ☐OR ☐PA ☐RI ☐SC ☐SD
☐TN ☐TX ☐UT ☐VA ☐VT ☐WA ☐WI ☐WV ☐WY

OFFICE LOCATION ADDRESS: _____

CITY: _____ STATE: -- ZIP CODE: _____

OFFICE MAILING ADDRESS (IF DIFFERENT FROM OFFICE LOCATION ADDRESS): _____

CITY: _____ STATE: -- ZIP CODE: _____

AGENCY PHONE #: _____

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____

AGENT EMAIL ADDRESS: _____

USERNAME FOR SINGLE SIGN ON (IF APPLICABLE): _____

SOCIAL SECURITY # (REQUIRED FOR LICENSED AGENTS ONLY): _____

LICENSED STATE(S) REQUESTED: Select All Clear Mandatory to select at least one licensed state

☐AK ☐AL ☐AR ☐AZ ☐CA ☐CO ☐CT ☐DC ☐DE ☐FL ☐GA ☐HI ☐IA ☐ID
☐IL ☐IN ☐KS ☐KY ☐LA ☐MA ☐MD ☐ME ☐MI ☐MN ☐MO ☐MS ☐MT ☐NC
☐ND ☐NE ☐NH ☐NJ ☐NM ☐NV ☐NY ☐OH ☐OK ☐OR ☐PA ☐RI ☐SC ☐SD
☐TN ☐TX ☐UT ☐VA ☐VT ☐WA ☐WI ☐WV ☐WY

Add Additional Non Licensed User

ASSIGNED AGENCY CODE: _____ ASSIGNED SUBPRODUCER CODE: _____

Add Additional Licensed User