



## AGENCY/AGENT SETUP FORM

**PLEASE CAREFULLY FOLLOW THESE DIRECTIONS TO AVOID HAVING TO RE-SUBMIT YOUR REQUEST:**

1. "ENABLE ALL FEATURES" in Adobe to use this form (if opened in default "protected view").
2. CAREFULLY select the NATURE OF REQUEST based on entity type you are requesting for setup. Read definitions!
3. Do NOT change the format of this PDF document. FIELDS MUST REMAIN EDITABLE. IE: Do not "flatten", print, or scan.
4. Only complete the RED fields and 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:

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:

ASSIGNED AGENCY CODE: \_\_\_\_\_ ASSIGNED SUBPRODUCER CODE: \_\_\_\_\_