Request for Agent Appointment

Fax: (402) 965-2175

To: Marketing Administration Date: _____

Re: *(Agent Name)* _____

LICENSING CHECKLIST

Important: Please sign all materials, stamped signatures are not acceptable.

☐ **APPLICATION FOR CONTRACT**
Fill in all portions of both pages of the Application for Contract. Date and Sign the *Agent applicant Signature* line.

☐ **SPECIAL AGENT'S AGREEMENT LIFE AND HEALTH INSURANCE**
Sign on the *Agent* signature line on the second page of the agreement.

☐ **ASSIGNMENT OF COMMISSIONS AND SERVICE FEES (If applicable)**
If requesting assignment of commissions, fill in all portions of the top section. Date, sign, and print your name and have signed by a witness. Leave *Acceptance* section blank and complete the "Acknowledgement" area. If requesting assignment of commissions to a corporation, attach a copy of Corporate License if applicable.

☐ **DIRECT DEPOSIT AUTHORIZATION**
Fill in all portions including Routing/Transit number and Account number. Sign at the bottom and include a voided check.

☐ **BUSINESS ASSOCIATE AGREEMENT/HIPAA PRIVACY & SECURITY PROVISIONS**
Date, sign, and write your name in the BUSINESS ASSOCIATE section on page 3.

☐ **COPY OF STATE INSURANCE LICENSE**
Attach a copy of your current state insurance license and all non-resident licenses for states you are requesting appointment. If contracting as a corporation, attach a copy of the corporate license if the state requires it.

☐ **LICENSE FEE** $ ____
One check in the total amount for all resident and non-resident licensing fees is to be made payable to **WORLD INSURANCE.**

AL	AZ	AR*	CO	GA	IL	IN	IA	LA	MI	MO
$30	$0	$0	$0	$20	$0	$0	$8	$20	$5	$0

MT	NE	NM	NC		ND	OH	OK	PA	SC*
$0	$8	$23	$20		$10	$20	$40	$15	$0
			$10 (Med Supp)						

TN	TX	VA	WV	WI		WY
$15	$10	$14	$25	$7		$15
				$24 (non-res.)		

Application for insurance must be submitted along with agents' paperwork.

Commission Pattern: NM08 _____

Reports To: *Name – Please Print* _____

Agent # _____

Lawrence S. Brodsky		IL 671
Name of General Agent - Please Print	*General Agent Signature*	*General Agent Code*

E2000 (4-04)

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