

CHECK IF NEW ADDRESS

**APPOINTMENT OF NORTH CAROLINA AGENT
AGENT SERVICES DIVISION
1204 MAIL SERVICE CENTER
RALEIGH, NC 27699-1204**

MUST BE RECEIVED BY THE DEPARTMENT OF INSURANCE WITHIN 30 DAYS OF THE APPOINTMENT.

* Social Security Number _____			Date of Birth _____		
LAST NAME _____	FIRST _____	M.I. _____	NAME OF AGENCY _____		
RESIDENCE STREET ADDRESS _____			STREET ADDRESS _____		
MAILING ADDRESS IF DIFFERENT FROM ABOVE _____			MAILING ADDRESS IF DIFFERENT FROM ABOVE _____		
CITY _____	STATE _____	ZIP CODE _____	COUNTY _____	CITY _____	STATE _____
HOME TELEPHONE (____) _____			BUSINESS TELEPHONE (____) _____		

The official(s) signing below certifies(y) that the company(ies) have investigated and are satisfied that this appointee is trustworthy and meets all other licensure qualifications of the North Carolina General Statutes. Each company has verified with the agent that on the effective date of the appointment, this agent was properly licensed for the kinds of insurance indicated hereon and for which the company appoints him/her and that the company appointment was effective prior to soliciting or negotiating for insurance by this agent on behalf of the company.

IN THE SECTION BELOW INDICATE THE KIND OF INSURANCE FOR WHICH YOUR COMPANY GRANTS AUTHORITY TO THIS AGENT UNDER TERMS OF THE APPOINTMENT CONTRACT		
COMPANY ONE		
01 Life & Health _____	_____	
11 Property & Liability _____	Company Name _____	
16 Auto Physical Damage _____	_____ (Required for processing)	
21 Medicare Supplement/Long Term Care _____	_____	
46 Title _____	Company Number _____	
_____	_____	_____
Signature of Company Official _____	Date Signed _____	Effective Date of Appointment _____
COMPANY TWO		
01 Life & Health _____	_____	
11 Property & Liability _____	Company Name _____	
16 Auto Physical Damage _____	_____ (Required for processing)	
21 Medicare Supplement/Long Term Care _____	_____	
46 Title _____	Company Number _____	
_____	_____	_____
Signature of Company Official _____	Date Signed _____	Effective Date of Appointment _____
COMPANY THREE		
01 Life & Health _____	_____	
11 Property & Liability _____	Company Name _____	
16 Auto Physical Damage _____	_____ (Required for processing)	
21 Medicare Supplement/Long Term Care _____	_____	
46 Title _____	Company Number _____	
_____	_____	_____
Signature of Company Official _____	Date Signed _____	Effective Date of Appointment _____
COMPANY FOUR		
01 Life & Health _____	_____	
11 Property & Liability _____	Company Name _____	
16 Auto Physical Damage _____	_____ (Required for processing)	
21 Medicare Supplement/Long Term Care _____	_____	
46 Title _____	Company Number _____	
_____	_____	_____
Signature of Company Official _____	Date Signed _____	Effective Date of Appointment _____

GENERAL INSTRUCTIONS

Must be received by the Department of Insurance within (30) days of the appointment.

IMPORTANT: An agent must hold a proper license for each appointment that is requested.

Only one agent may be listed on each form. Up to four affiliated subsidiary companies may use this form to appoint this agent.

It is the responsibility of the agent to show evidence that he/she holds a valid North Carolina license for the kinds of insurance for which the company is appointing this person. This may be accomplished by showing a copy of his/her North Carolina Department of Insurance license. Certification of an agent's licensing authority is available from the Department by written request accompanied by a ten dollar (\$10.00) fee. (Certified check, cashiers check, company or agency check, or money order).

Company appointment must be in writing as a contract between the company and agent or the agency.

Each section must be fully completed and signed by a company official. Company number may be found on the North Carolina Quarterly Invoice. Forms not indicating this number will be returned.

Companies may confirm that this appointment has been properly recorded by the Department by reviewing the listing attached to and part of the North Carolina Quarterly Invoice. The Department will not verify this information by telephone.

AGENTS MUST BE APPOINTED. An "Agent" means a person licensed to solicit applications for, or to negotiate a policy of, insurance.

No individual who holds a valid insurance agent's license issued by the Commissioner shall, either directly or for an insurance agency, solicit, negotiate, or otherwise act as an agent for an insurer by which the individual has not been appointed. Any insurer authorized to transact business in this State may appoint as its agent any individual who holds a valid agent's license issued by the Commissioner. Upon appointment, the individual shall be authorized to act as an agent for the appointed insurer for all kinds of insurance for which the insurer is authorized in this State and for which the appointed agent is licensed in the State, unless specifically limited.

No insurer shall accept an insurance application from an individual who is not currently appointed by the insurer.

Appropriate fees for appointments will be billed to companies quarterly. **DO NOT** submit appointment fees with this form.

To terminate an agent's appointment at anytime after it has been submitted to the Department, the company must file Form D2 and comply with its requirements.

An agent licensed to sell life and health has authority to sell variable contracts provided the agent is licensed to sell securities through the Secretary of State, holds current NASD registration, (series 6 or 7, and series 63) and is appointed by a company authorized to sell variable life products in North Carolina, The company is responsible for verifying that the agent has met all NASD requirements.

* DISCLOSURE OF THIS NUMBER IS MANDATORY (G.S. § 58-33-25). ITS USE IS LIMITED SOLELY FOR INTERNAL DEPARTMENT IDENTIFICATION PURPOSES. PUBLIC DISCLOSURE IS PROHIBITED.