

**STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE  
PO BOX 1157, RICHMOND, VIRGINIA 23218 804-371-9631  
Overnight Mailing Address: 1300 E. Main Street, Richmond, VA 23219**

**PIN4151  
JULY 2005**

**APPOINTMENT FORM**

This form may be used to appoint either one individual or one agency; not both.  
**PLEASE READ IMPORTANT INFORMATION ON SECOND PAGE**

**INDIVIDUAL**

<b>SS# or VA DMV-Assigned #</b>	<b>Company Number</b>	<b>Group Code Number</b>	<b>Appointment Type (Circle Only One)</b>	
<b>Name (First, Middle, Last)</b>			LH (001) Life and Health PC (002) Property and Casualty TI (003) Title	
<b>Physical Street (Resident) Address</b>	<b>City</b>	<b>State</b>		<b>Zip</b>
<b>AGENCY</b>				
<b>FEIN</b>	<b>Company Number</b>	<b>Group Code Number</b>		
<b>Agency Name</b>	<b>Physical Street Address</b>		<b>City</b>	
			<b>State</b>	
			<b>Zip</b>	
<b>Company Name</b>				

**Additional Company Numbers - Must be within the same group**


If this appointment is associated with an individual who holds a Temporary (Type 03) Life and Health License or a Temporary (Type 31) Property and Casualty License, please check the box.

The date of execution of the first application for insurance submitted by this agent or agency was \_\_\_\_\_ (If agent or agency has not submitted any business, please state "NA".)

**NOTICE OF APPOINTMENT**

I hereby request that the State Corporation Commission, Bureau of Insurance, authorizes (appoints) the individual or agency designated above to represent this (these) company(ies) in the Commonwealth of Virginia. I certify that the agent or agency has been notified as prescribed in § 38.2-1833 2 of this appointment.

\_\_\_\_\_

Company Name

\_\_\_\_\_

Company (Billing) Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

**Effective Date of Appointment**

\_\_\_\_\_

Name (typed) of Individual Signing Form

\_\_\_\_\_

**Signature of Authorized Individual**

## IMPORTANT INFORMATION REGARDING APPOINTMENTS

This form should only be used for Virginia resident agents who elected to utilize a DMV-assigned number as their license number instead of their Social Security Number. All other appointments must be submitted electronically through the NAIC. You may view a list of vendors that provide the electronic filing at [www.licenseregistry.com/authorized\\_bus\\_partners.htm](http://www.licenseregistry.com/authorized_bus_partners.htm).

1. It is the appointing insurer's responsibility to determine that the agent being appointed is properly licensed in Virginia. Insurers should either call the Bureau's IVR number, 804-371-9631, or use the Agent/Agency Lookup on the Bureau's website at <http://boi.scc.virginia.gov/agentlookup/> or use the NAIC's Producer Data Base to check on the license type(s) or require the agent to submit proof, a **current certification** (no more than 90 days old), denoting the license type appropriate for the appointment at the time the agent requests an appointment. Appointing (or accepting business from) an unlicensed or inappropriately licensed agent is a violation of Virginia law.
2. The insurer must appoint an agent NO LATER THAN 30 DAYS from the date of execution of the first application for insurance submitted by the agent. If the application is more than 30 days old on the date of appointment, the insurer is in violation of Virginia law.

NOTE: Those insurers authorized to appoint agents under a Temporary Life and Health Debit License (Type 06 only) may submit temporary license applications and appointments simultaneously.

3. An acknowledgment of appointment will be mailed directly to the agent at the residence address shown in our records. If the address shown on this form differs from that in our records, the address in our records will control. The only acceptable means of changing an address record is by written notification signed by the agent.
4. Appointment fees are NOT to be submitted with this form. Insurers are billed at the end of each quarter for all appointments processed during the quarter. Failure to pay the quarterly billing and/or yearly renewal fee(s) by the specified due date will result in the insurer being penalized.