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# UNION MUTUAL INSURANCE COMPANY

## Application for Agency Appointment



The following information is submitted in support of application for an agency appointment by Union Mutual Insurance Company.

AGENCY INFORMATION									
Agency Name									
Street Address						Apartment/Unit #			
City			State			ZIP			
Mailing Address						Apartment/Unit #			
City			State			ZIP			
County			E-mail Address						
Phone			Federal ID #			Key Employee			
Agency OID License #			Agency NPN #			Year Agency Established:			
Has your agent's license ever been suspended, revoked, non-renewed or voluntarily surrendered? If yes please explain on a separate sheet.								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please list your experience & training in Property & Casualty insurance:									
Companies you are currently representing:									
Companies you ceased representing in the last 3 years and why:									
INDIVIDUALS TO BE APPOINTED (PLEASE ONLY LIST INDIVIDUALS WHO WILL SERVICE UMIC POLICY HOLDERS)									
Full Name		Address							
SSN:	DOB	License #			NPN #				
Full Name		Address							
SSN:	DOB	License #			NPN #				
Full Name		Address							
SSN:	DOB	License #			NPN #				
Full Name		Address							
SSN:	DOB	License #			NPN #				
Have any listed individuals ever been convicted of a felony? If yes please explain on a separate sheet						YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Has any listed individual's license ever been suspended, revoked, non-renewed or voluntarily surrendered? If yes please explain on a separate sheet						YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Signature:							Date:		

By signing this application you are giving your authorization to Union Mutual Insurance Company to have a background check conducted as part of the evaluation of this application. All information obtained will be kept confidential.

**Please attach a current copy of Error's & Omission Liability Coverage Dec. page, along with copies of your companies production & loss ratio for the past 3 years.**

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<b>CSR'S (PLEASE ONLY LIST INDIVIUALS WHO WILL SERVICE UMIC POLICY HOLDERS)</b>						
Full Name			Address			
SSN:		DOB		License #	NPN #	
Full Name			Address			
SSN:		DOB		License #	NPN #	
Full Name			Address			
SSN:		DOB		License #	NPN #	
Full Name			Address			
SSN:		DOB		License #	NPN #	
Have any listed individuals ever been convicted of a felony? If yes please explain on a separate sheet					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any listed individual's license ever been suspended, revoked, non-renewed or voluntarily surrendered? If yes please explain on a separate sheet					YES <input type="checkbox"/>	NO <input type="checkbox"/>