

SUB-PRODUCER APPLICATION



CONTACT INFORMATION

Agency Name: _____

Contact Name: _____

Physical Address: _____

City/State/Zip: _____

Telephone: _____ Fax _____ Other _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ Federal Tax ID: _____

AGENCY INFORMATION

Captive or Independent? Captive [___] Independent [___]

If Captive, which company? Alfa [___] Shelter [___] Nationwide [___] Guide One [___]

Other _____

Number of
Locations: _____

Licensed Agent Name: _____

Number of Agents:
(This location only) _____

Licensed Agent SSN: _____

Number of CSR's:
(This location only) _____

License No: _____

ADDITIONAL CSR'S OR AGENTS

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

TO COMPLETE YOUR REGISTRATION:

- PLEASE ATTACH THE FOLLOWING: COPY OF YOUR P&C LICENSE
 COPY OF YOUR E&O DECLARATION PAGE

- SUBMIT YOUR APPLICATION BY ONE OF THE FOLLOWING METHODS:
 - FAX: 601.261.6998 OR 888.795.9711
 - MAIL: COUNTRY LIVING INSURANCE - P.O. BOX 16089 - HATTIESBURG, MS 39404
 - EMAIL: ANGELLE@COUNTRYLIVINGINSURANCE.COM