

APPOINTMENT DATA SHEET

Please check the box below the state(s) for which you are requesting an appointment:

AL	AZ	AK	AR	CA	CO	CT	DC	DE	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	MD	MA	MI	MN	MS	MO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MT	NE	MV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	WA	WV	WI	WY	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of License you hold: _____

Agent's Full Name: _____

Resident Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SS# or Fed ID#: _____ NPN# _____

(NOTE: SS# is optional if DOB and NPN are provided)

Mailing Address: _____

(Only if different than above)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Florida Appointments ONLY: _____

(Note the county that you need to be appointed with)

Managing General Agent: _____

Name of Licensing Contact in your Company: _____

Phone Number of Contact: _____

To sell insurance an agent must be properly licensed and then appointed by International Assurance of Tennessee's ("IAT") stop loss carrier in the state in which business will be written. Such appointment does not constitute an employer-employee relationship or a principal-agent relationship. Some states require the appointing firm to do background checks on the agents they are appointing. This form will authorize IAT's stop loss carrier to do the required background check. Appointments for these states will not be complete until this form is received and the background investigation completed.

Attached with this executed form, please provide a copy of your Errors and Omissions declaration page showing proper coverage needed for the state you are licensed in.

Please read and sign: Signature: _____

NOTIFICATION: As part of our normal procedure, an investigative report may need to be prepared. The investigative report usually concerns information on an applicant's character, general reputation, personal characteristics, finances and mode of living. Your signature below acknowledges your understanding of this procedure. Investigations will be completed as states require.

If you intentionally misrepresent any fact required on this application, it will be cause for refusal or revocation of the right to solicit applications for the insurance products offered by International Assurance of TN, Inc. A copy of this authorization is as valid as the original.

Signature: _____ Date: _____

Please forward this form and copies of your current Life/Health license(s) & E&O declarations page to:

Kathy Rieuf
kbrieuf@iatmgu.com

Administrative Assistant
International Assurance of Tennessee
123 7th Avenue South
Franklin, TN 37064