



North Carolina Department of Insurance

FORM MUST BE RECEIVED BY THE DEPARTMENT OF INSURANCE WITHIN 15 DAYS OF 1ST FIRST INSURANCE APPLICATION

Demographic Information

Company Name				FEIN	
Company Number		Company Contact Person & Title		Company Contact Phone Number	
Company Address			City	State	Zip Code
Phone Number		Fax Number		Company E-Mail Address	

Licensee One

Last 4 digits of SSN		Number (NPN)		Effective Date of Appointment	
Last Name		First Name		Middle Name	

IN THE SECTION BELOW INDICATE THE KIND OF INSURANCE FOR WHICH YOUR COMPANY GRANTS AUTHORITY TO THIS LICENSEE UNDER TERMS OF THE APPOINTMENT CONTRACT

Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type
\$10	<input type="checkbox"/> Life	\$10	<input type="checkbox"/> Person Lines	\$20	<input type="checkbox"/> Auto Physical Damage	\$20	<input type="checkbox"/> Dental Services
\$10	<input type="checkbox"/> Variable Lines	\$20	<input type="checkbox"/> Title	\$20	<input type="checkbox"/> Other – Limited Lines (Crop)	\$20	<input type="checkbox"/> Pre-Need
\$10	<input type="checkbox"/> Accident & Health or Sickness	\$10	<input type="checkbox"/> Property	\$20	<input type="checkbox"/> Credit	\$20	<input type="checkbox"/> Travel Accident & Baggage
\$10	<input type="checkbox"/> Medicare Supp/Long Term Care	\$10	<input type="checkbox"/> Casualty	\$20	<input type="checkbox"/> Motor Club		

Licensee Two

Last 4 digits of SSN		Number (NPN)		Effective Date of Appointment	
Last Name		First Name		Middle Name	

IN THE SECTION BELOW INDICATE THE KIND OF INSURANCE FOR WHICH YOUR COMPANY GRANTS AUTHORITY TO THIS LICENSEE UNDER TERMS OF THE APPOINTMENT CONTRACT

Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type
\$10	<input type="checkbox"/> Life	\$10	<input type="checkbox"/> Person Lines	\$20	<input type="checkbox"/> Auto Physical Damage	\$20	<input type="checkbox"/> Dental Services
\$10	<input type="checkbox"/> Variable Lines	\$20	<input type="checkbox"/> Title	\$20	<input type="checkbox"/> Other – Limited Lines (Crop)	\$20	<input type="checkbox"/> Pre-Need
\$10	<input type="checkbox"/> Accident & Health or Sickness	\$10	<input type="checkbox"/> Property	\$20	<input type="checkbox"/> Credit	\$20	<input type="checkbox"/> Travel Accident & Baggage
\$10	<input type="checkbox"/> Medicare Supp/Long Term Care	\$10	<input type="checkbox"/> Casualty	\$20	<input type="checkbox"/> Motor Club		

Licensee Three

Last 4 digits of SSN		Number (NPN)		Effective Date of Appointment	
Last Name		First Name		Middle Name	

IN THE SECTION BELOW INDICATE THE KIND OF INSURANCE FOR WHICH YOUR COMPANY GRANTS AUTHORITY TO THIS LICENSEE UNDER TERMS OF THE APPOINTMENT CONTRACT

Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type	Fee	Appointment Type
\$10	<input type="checkbox"/> Life	\$10	<input type="checkbox"/> Person Lines	\$20	<input type="checkbox"/> Auto Physical Damage	\$20	<input type="checkbox"/> Dental Services
\$10	<input type="checkbox"/> Variable Lines	\$20	<input type="checkbox"/> Title	\$20	<input type="checkbox"/> Other – Limited Lines (Crop)	\$20	<input type="checkbox"/> Pre-Need
\$10	<input type="checkbox"/> Accident & Health or Sickness	\$10	<input type="checkbox"/> Property	\$20	<input type="checkbox"/> Credit	\$20	<input type="checkbox"/> Travel Accident & Baggage
\$10	<input type="checkbox"/> Medicare Supp/Long Term Care	\$10	<input type="checkbox"/> Casualty	\$20	<input type="checkbox"/> Motor Club		

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 certified with the licensee that on the effective date of the appointment, this agent/adjuster was properly license for the kinds of insurance indicated hereon and for which the company appoints him/her and that the company appointment was is received by the Department of Insurance within (15) days from the date the agency contract is executed or the first insurance application is submitted.

Signature of Company Official		Date Signed
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GENERAL INSTRUCTIONS

Permission to use this form must be granted by the North Carolina Department of Insurance Agent Services Division.

This form with payment must be received by the Department of Insurance within (15) days from the date the agency contract is executed or the first insurance application is submitted.

IMPORTANT: A licensee must hold a proper license for each appointment that is requested.

Only one agent/adjuster may be listed on each form.

It is the responsibility of the licensee 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, accessing the Producer Database (PDB), or through the licensee lookup on the department’s web site www.ncdoi.com.

Company appointment must be in writing as a contract between the company and licensee.

Each section must be fully completed and signed by a company official. Company number may be found on the North Carolina Annual 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 Annual Invoice. The Department will not verify this information by telephone.

Mail to the address below:

Post Office Remittance Address:

North Carolina, State of DOI
P.O. Box 742175
Atlanta, GA 30374-2175

Overnight Mail:

Bank of America Lockbox Services
Lockbox 742175
6000 Feldwood Road
College Park, GA 30349

AGENTS MUST BE APPOINTED. An “Agent” or “Producer” 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/producer 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/producer any individual who holds a valid agent’s or producer’s license issued by the Commissioner. Upon appointment, the individual shall be authorized to act as an agent/producer for the appointed insurer for all kinds of insurance for which the insurer is authorized in this State and for which the appointed agent/producer is licensed in the State, unless specifically limited.

Appropriate fees for appointments must be submitted with this form made payable to NCDI. All fees may be paid by company or agency check, money order, cashier or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable.

Fee	Appointment Type
\$10	Life
\$10	Variable Lines
\$10	Accident & Health or Sickness
\$10	Medicare Supp/Long Term Care
\$10	Person Lines

Fee	Appointment Type
\$20	Title
\$10	Property
\$10	Casualty
\$20	Auto Physical Damage
\$20	Other – Limited Lines (Crop)

Fee	Appointment Type
\$20	Credit
\$20	Motor Club
\$20	Dental Services
\$20	Pre-Need
\$20	Travel Accident & Baggage

To terminate an agent’s, producer’s, adjuster’s appointment at any time after it has been submitted to the Department, the company must use www.nipr.com or file Form D2 and comply with its requirements.

Agent Services Division requires insurance companies to process agent appointment and terminations via NIPR at www.nipr.com.

Exceptions to this business process require a written explanation to ASD-Financial justifying why NIPR is not available to your company. If you are having trouble using the NIPR systems, please contact: NIPR Helpdesk 1-816-783-8500 or Agent Services Division 919-807-6800

Signature of Agent Services Division Official	Date Signed
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