

AGENT CHECKLIST

AGENT'S NAME _____

AGENT'S E-MAIL ADDRESS _____

AGENT'S CELL PHONE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

AGENCY NAME _____

AGENCY ADDRESS _____

(If PO Box number, please list physical (mailing) address also)

AGENCY COUNTY _____

AGENCY PHONE _____ AGENCY FAX _____

AGENCY LIFE & HEALTH LICENSE NUMBER _____ STATE _____

NAME OF ERRORS & OMISSIONS CARRIER _____

ERRORS & OMISSIONS POLICY NUMBER _____

DATE CONTRACTED WITH MUTUAL MED _____

COMMISSIONS ASSIGNED TO AGENT? _____ AGENCY? _____

IF ASSIGNED TO AGENCY PLEASE COMPLETE AGENT ASSIGNMENT OF COMMISSIONS FORM

Note: Mutual Med requires proof of current Errors & Omissions coverage and current resident producers license. Please enclose both license and E&O when submitting paperwork.