

APPOINTMENT DATA SHEET

(Please print or type)

NAME: _____
Last First M.I.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
City State Zip + 4

BUSINESS PHONE: _____ BUSINESS FAX: _____

NAME OF ENTITY RECEIVING COMMISSION: _____
(A copy of the license is required to receive commission, please attach)

FEDERAL IDENTIFICATION NUMBER (AGENCY): _____

LICENSE NUMBER: _____

EFFECTIVE / EXPIRATION DATE: _____ / _____

LINES OF AUTHORITY: _____

***A COPY OF YOUR LICENSE AND AGENCY LICENSE FOR EACH STATE SOLICITING
BUSINESS IN WITH US IS REQUIRED WITH THIS DATA SHEET***

DATE: _____ SIGNATURE: _____

Please return this information to: Tonia Spees
Special Markets Ins Consultants, Inc
2615 Post Road
Stevens Point, WI 54481
(715) 344-2281 ext. 27