



**MISSISSIPPI INSURANCE DEPARTMENT**  
P.O. BOX 79, JACKSON, MS 39205

*MIKE CHANEY, Commissioner of Insurance*

<b>DEPARTMENT USE ONLY</b>

**FRATERNAL AGENT APPOINTMENT FORM**

Fee for Producer's Certificate of Authority \$25.00  
Fee for General Agent's Certificate of Authority \$25.00

\_\_\_\_\_  
Company NAIC Number

Company Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date of appointment will be date received by this Department.  
All producers listed below are hereby authorized to transact the lines of insurance authorized by our company's Certificate of Authority.

We certify that prior to our appointment of the following producers; we have duly investigated the character and records of each and have secured this current evidence in our files. We further certify that we have satisfied ourselves that each person is of good moral character and is qualified, fit and trustworthy to act as a producer.

\_\_\_\_\_  
(Original signature of officer of Insurance Company, or individual authorized by Insurance Company letter filed in this Department)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)

**Please do not list business entity names. Certificates of Authority are issued to the individuals after they have obtained a privilege license in the State of Mississippi. Certificates of Authority are not transferable.**

	SSN #	AGENT NAME			RESIDENT ADDRESS	DATE OF BIRTH	FEE (\$25)
		LAST	FIRST	MIDDLE			
1							
2							
3							
4							
5							