

AGENT CHECKLIST

Agent Name _____

Agent Home Address _____

(If PO Box, please list physical mailing address, as well)

Agent Email Address _____

Agent Cell Phone _____

Social Security Number _____ Date of Birth _____

Agency Name _____

Agency Address _____

(If PO Box, please list physical mailing address, as well)

Agency County _____

Agency Phone _____ Agency Fax _____

Agent National Producer Number (NPN) _____

Agent Life and Health License Number _____

Name or Errors and Omissions Carrier _____

Errors and Omissions Policy Number _____

***As a requirement to your contracting with Mutual Med, you must have a current resident license and Errors and Omissions coverage. Please enclose proof of both of those documents with this paperwork.**

For Office Use Only

Date Contracted with Mutual Med _____

Commissions Assigned to Agent? _____ Agency? _____

If assigned to agency, Agent Assignment of Commissions Form will need to be completed