Form AL-21B (10/2008)

SERVICE REPRESENTATIVE APPOINTMENT

(Multiple Insurers)

For additional information, please visit: **www.aldoi.gov**

License/Appointment Fee:
$50.00 (per Insurer)

Mail to: Alabama Department of Insurance
P. O. Box 303351
Montgomery, Alabama 36130-3351

Indicate amount enclosed: $_____

Payment must be in the form of a company check payable to "State of Alabama, Commissioner of Insurance." Personal checks and money orders will not be accepted.
Service Representatives must first go to www.nipr.com and apply for an Alabama Service Representative License.
Please indicate below the full name, National Producer Number, and Alabama license number for the Service Representative.

PRODUCER NAME: _____
Last, Jr/Sr, First, Middle

NATIONAL PRODUCER #_____

ALABAMA LICENSE #_____

In the grid below, indicate the insurance company's NAIC number, lines of authority, and insurance company name for each insurer appointing this producer.

Company NAIC No.	Property	Casualty	Personal Lines	Automobile	Industrial (Debit) Fire
#					
Company Name					
#					
Company Name					
#					
Company Name					
#					
Company Name					
#					
Company Name					

The above-named insurers hereby desire the individual identified above to be appointed to represent said insurers for the lines of authority indicated above as a Service Representative. We have investigated the character and background of this individual and are satisfied the individual is trustworthy and qualified to act as our service representative, and we endorse the individual as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.

Our investigation consisted of the following
(Mark ☒ as applicable. DO NOT LEAVE BLANK.)

- ☐ Personal Interview
- ☐ Employment Application
- ☐ Consumer Credit Report
- ☐ Background Investigation (by insurer)
- ☐ Background Investigation (by outside firm)
- ☐ Other (Please describe) _____

_____

signature of authorized company official

typed name of authorized company official

address

city/state/zip

telephone no. fax no.