



Commonwealth of Kentucky
KENTUCKY DEPARTMENT OF INSURANCE
PRODUCER APPOINTMENT

P.O. Box 517
Frankfort, KY 40602-0517
502-564-6004

email: DOI.AgentLicensingMail@ky.gov
<http://insurance.ky.gov>

For Office Use Only

Amt. Rec'd _____
Date Rec'd _____
Tracking No. _____
Cashier: _____
Amt. Rec'd _____
Date Rec'd _____
Tracking No. _____
Cashier: _____

<u>Appointment Fee</u> Per Insurer Submitted	
Resident	
Individual	\$ 40.00
Business Entity	\$ 100.00
Non-Resident	
Individual	\$ 50.00
Business Entity	\$ 120.00
<i>All fees must be made payable to the Kentucky State Treasurer</i>	

SECTION I -- LICENSEE INFORMATION (Please type or print clearly)

Individual SSN or Business Entity FEIN	Business Entity Agent Name				
Individual Agent Last Name	First Name			Middle Name	
Resident Address (Individual Only)	City	State	County	ZIP	Phone ()
Business Address	City	State	County	ZIP	Phone ()

SECTION II -- LINE OF AUTHORITY - (Please check all lines of authority that apply to the following Insurer appointments)

Life	<input type="checkbox"/>	Property	<input type="checkbox"/>	Travel	<input type="checkbox"/>
Health	<input type="checkbox"/>	Casualty	<input type="checkbox"/>	Limited Line Credit	<input type="checkbox"/>
Variable Life & Variable Annuity	<input type="checkbox"/>	Personal Lines	<input type="checkbox"/>	Crop	<input type="checkbox"/>
Rental Vehicle Insurance Managing Employee	<input type="checkbox"/>		<input type="checkbox"/>	Surety	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

SECTION III -- INSURER INFORMATION (May also list affiliate insurers and include fee for EACH)

Insurer Name	FEIN

SECTION IV -- INSURER INFORMATION As an authorized representative of the insurer, I certify that the insurer has investigated and concluded the insurer will not be in violation of KRS 304.47-025(2) by appointing this agent because the agent

- Is trustworthy, reliable, of good reputation, and competent to act as an agent for this insurer; and
- Has not been convicted of any felony offense involving dishonesty or breach of trust and has not been convicted of a fraudulent insurance act; or
- Has received consent from the commissioner in accordance with KRS 304.47-025(3).

OFFICER or AUTHORIZED REPRESENTATIVE OF INSURER(S):

Signature _____	Date _____
Name and Title (typed or printed) _____	Phone Number _____
Mailing Address or Contact Address _____	E-mail Address _____

Office Date Stamp

NOTE: Appointment fee is based on the following, per insurer: (life, variable life & variable annuities, and health) one fee; (property and casualty) one fee when processed at the same time; and all other lines of authority, fee applies to each.