



Application for Appointment of Insurance Producer

FOR INTERNAL USE ONLY	
_____ Producer Code	_____ Agency Code

AGENT INFORMATION (please print clearly):		
Type of appointment requested: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
A.		
Applicant: _____	Date of Birth: ____/____/____	
Business Name: _____		
Business Address: _____	County: _____	
City: _____	State: _____	Zip Code: _____
Business Phone Number: _____	Business Fax Number: _____	
Agency Taxpayer ID or Social Security Number: _____	Agent License Number: _____	
B.		
General Agency (if applicable): Conference Associates, Inc. MA# 10000008		
C.		
List other companies to which the applicant has been appointed within the past five years: _____ _____		
D.		
Does the applicant carry Errors and Omissions Insurance coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please submit the face page of the current policy)		
E.		
List all officers and directors and give information requested below. If sub-licensee, check box(es) and list before other officers and directors:		
Name: Last, First, M.I. _____	Date of Birth: ____/____/____	
Title: _____	SSN _____	Check here if Sub-Licensee <input type="checkbox"/>
Name: Last, First, M.I. _____	Date of Birth: ____/____/____	
Title: _____	SSN _____	Check here if Sub-Licensee <input type="checkbox"/>
Name: Last, First, M.I. _____	Date of Birth: ____/____/____	
Title: _____	SSN _____	Check here if Sub-Licensee <input type="checkbox"/>

(Continued)

Note: The Application for Appointment of Insurance Producer must be completed and returned, along with a copy of the signed Agent/Agency Agreement and a copy of your current State of New York Insurance Department Accident & Health Agent license.

E-mail submission is preferred.

Please submit via e-mail to: broker-inquiry@nshs.edu, or mail to:

North Shore-LIJ Insurance Company Inc.
Attn: Broker Services
145 Community Drive
Great Neck, NY 11021

