## MONTHLY APPOINTMENT ACTIVITY REPORT FOR: MONTH/YEAR:

NAIC#:	CONTACT PERSON:
COMPANY NAME:	TELEPHONE #:
ADDRESS:	AUTHORIZED SIGNATURE:
	AUTHORIZED NAME (PRINTED):
TRANSACTION TYPE EFFECTIVE DATE SSN OR FEIN NAME (LAST NAME FIRST) AGENT TYPE APPOINTMENT TYPE	

## TRANSACTION TYPES: AGENT TYPES:

A=Appointment C=Cancel CFC=Cancel for Cause<sup>2</sup> I=Individual C=Corporation **DL=Designated Licensee** 

## **APPOINTMENT TYPES: 1**

Accident/ Health **Casualty & Allied Lines** Credit Accident/Health **Credit Disability Credit Life** 

**Credit Unemployment** 

**Credit Property** Crop/Hail

**Domestic Mutual Fire Guaranteed Auto Protection** 

**HMO** 

**Involuntary Unemployment Life & Fixed Annuity** 

**Motor Vehicle Rental Mortgage Disability Mortgage Guaranty** 

**Mortgage Life Personal Lines** 

**Property & Allied Lines Restricted Fraternal** 

Title

Travel

Variable Life/Variable Annuity

1Appointment types for which the applicant is being appointed. Appointing Insurance Company and producer must be authorized for the lines that correspond to the selected appointment types.

<sup>&</sup>lt;sup>2</sup> Enclose documentation.