

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

**DIVISION OF INSURANCE**

124 S. Euclid Ave., 2nd Floor, Pierre, SD 57501

Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

**PRODUCER OR BUSINESS ENTITY MULTI APPOINTMENT FORM**

APPOINTING INSURANCE COMPANY – TYPE NAME & ADDRESS

COMPANY NAIC #

**PRODUCER APPOINTMENTS:** IDENTIFY RESIDENT OR NON-RESIDENT. TOTAL FEES AND SUBMIT ONE CHECK ACCORDINGLY.

_____ LAST NAME	_____ FIRST	_____ SS#	RES \$10	NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	RES \$10	NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	RES \$10	NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	RES \$10	NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	RES \$10	NON-RES \$20
_____ LAST NAME	_____ FIRST	_____ SS#	RES \$10	NON-RES \$20

**BUSINESS ENTITY APPOINTMENTS:** PLEASE NOTE – BUSINESS ENTITY APPOINTMENTS WILL NOT BE APPROVED UNLESS THIS APPOINTING INSURER HAS APPOINTED THE PRODUCERS WITHIN THE BUSINESS ENTITY.

_____ BUSINESS ENTITY NAME	_____ SD LICENSE #	RES \$10	NON-RES \$20
_____ BUSINESS ENTITY NAME	_____ SD LICENSE #	RES \$10	NON-RES \$20
_____ BUSINESS ENTITY NAME	_____ SD LICENSE #	RES \$10	NON-RES \$20

This company is appointing for all qualifications for which the appointees are properly licensed in the State of South Dakota. I certify that the company is responsible to assure the appointee only sell insurance products for which he/she is properly qualified for in the State of South Dakota.

_____ NAME OF AUTHORIZED COMPANY PERSONNEL	_____ DATE	_____ FAX #
_____ MAIL ADDRESS	_____ PHONE #	SD/APPT--REV:02/2018