

Winchester General Agency, Inc

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AGENCY APPOINTMENT RECORD

EFFECTIVE: _____ AGENCY CODE NO: _____

NAME OF AGENCY _____

STREET ADDRESS _____

CITY _____ STATE: MS ZIP _____

TELEPHONE () _____ FAX () _____

MAILING ADDRESS _____

CITY _____ STATE: MS ZIP _____

COUNTY _____

E-MAIL ADDRESS: _____

FULL NAME OF INDIVIDUALS IN AGENCY _____

FED. TAX I. D. OR
SOCIAL SECURITY NO. _____ LICENSE NO. _____

NOTE: PLEASE ATTACH A COPY OF THE AGENCY INSURANCE LICENSE AND COPY OF E&O DEC PAGE.

ADDITIONAL INFORMATION, REMARKS OR EMAIL ADDRESSES: _____

CURRENT COMPANIES THE AGENCY WRITES WITH:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____