

Agency Request for Appointment

In order to license your agency and maintain State compliance, please furnish us with the names, addresses and Social Security numbers of the agents that will be writing with Great Lakes Mutual Insurance. Also, we request a history of your agency and the lines of business you are interested in writing.

Agency Information

AGENCY NAME

STREET ADDRESS

ADDRESS LINE 2

_____ **Michigan** _____
CITY ZIP

FEDERAL I.D. NUMBER

_____ FAX NUMBER
PHONE NUMBER

EMAIL

Property Insurance Lines

Please select each line of business your agency is interested in writing.

- Homeowners
- Dwelling Properties
- Condominium
- Renters Contents
- All Lines

Agent Information

_____ AGENT 1 - NAME	_____ AGENT 2 - NAME	_____ AGENT 3 - NAME
_____ BUSINESS ADDRESS	_____ BUSINESS ADDRESS	_____ BUSINESS ADDRESS
_____ ADDRESS LINE 2	_____ ADDRESS LINE 2	_____ ADDRESS LINE 2
_____ CITY / MICHIGAN ZIP CODE	_____ CITY / MICHIGAN ZIP CODE	_____ CITY / MICHIGAN ZIP CODE
_____ SOCIAL SECURITY NUMBER	_____ SOCIAL SECURITY NUMBER	_____ SOCIAL SECURITY NUMBER