

## Agency Request for Appointment

In order to license your Agency, please complete the form below and submit it to our attention. In addition, we will also require a history of your Agency, the lines of business you are interested in writing, a copy of your Agency E&O Declarations, and W-9 for your Agency. This information can be submitted to [info@glmutual.com](mailto:info@glmutual.com).

### Agency Information

NPN: \_\_\_\_\_

System I.D.: \_\_\_\_\_

\_\_\_\_\_  
 AGENCY NAME

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 ADDRESS LINE 2

\_\_\_\_\_  
 CITY

**Michigan**

\_\_\_\_\_  
 ZIP

\_\_\_\_\_  
 FEDERAL I.D. NUMBER

\_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 FAX NUMBER

\_\_\_\_\_  
 EMAIL

### Property Insurance Lines

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

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

### Agent Information

\_\_\_\_\_  
 DLRP

\_\_\_\_\_  
 AGENT

\_\_\_\_\_  
 AGENT

\_\_\_\_\_  
 BUSINESS ADDRESS

\_\_\_\_\_  
 BUSINESS ADDRESS

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 BUSINESS ADDRESS

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 ADDRESS LINE 2

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 ADDRESS LINE 2

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 ADDRESS LINE 2

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 CITY / MICHIGAN ZIP CODE

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 CITY / MICHIGAN ZIP CODE

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