



**MISSISSIPPI INSURANCE DEPARTMENT**  
P.O. BOX 79, JACKSON, MS 39205

*MIKE CHANEY, Commissioner of Insurance*

<b>DEPARTMENT USE ONLY</b>

**CERTIFICATE OF AUTHORITY/APPOINTMENT FORM**

**Insurance Producers, Limited Line Insurance Producers, Limited Line Credit Insurance Producers, Burial Agents, Exempt Agents (Mississippi Bar Licensed Title Attorneys and Fraternal Agents)**

Fee for Certificate of Authority/Appointment \$25.00

\_\_\_\_\_  
Company NAIC Number

Company Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date of the appointment will be the date this form is received by the Department.

All individuals listed below are hereby authorized to transact the lines of insurance for which the Insurance Company and Individual are licensed.

We certify that prior to our appointment of the following licensed individuals we have duly investigated the character and records of each and have secured this current evidence in our files. We further certify that we have satisfied ourselves that each person is of good moral character and is licensed or exempted, qualified, fit and trustworthy to act as a producer/agent.

\_\_\_\_\_  
(Original signature: Officer of Insurance Company or an authorized individual on file with the Department)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)

	MISSISSIPPI LICENSE NUMBER (This column is not applicable for exempt agents)	Social Security Number of Producer/Agent	PRODUCER/AGENT NAME			DATE OF BIRTH	FEE (\$25.00)
			FIRST	MIDDLE	LAST		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							