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 #