

**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**
PO BOX 1157, RICHMOND, VIRGINIA 23218 804-371-9631
Overnight Mailing Address: 1300 E. Main Street, Richmond, VA 23219

**FORM 4151
FEB 2012**

APPOINTMENT FORM

This form may be used to appoint either one individual or one agency; not both.
PLEASE READ IMPORTANT INFORMATION ON SECOND PAGE

INDIVIDUAL

Virginia License #	National Producer # (NPN)	Company No.	Appointment Type <i>(Circle Only One)</i> LH (001) Life and Health PC (002) Property and Casualty TI (003) Title	
Name (First, Middle, Last)				
Physical Street (Resident) Address	City	State		
AGENCY				
Virginia License #	National Producer # (NPN)	Company No.		
Agency Name	Physical Street Address		City	State Zip
Company Name				

Additional Company Numbers - Must be within the same group

If this appointment is associated with an individual who holds a Temporary (Type 03) Life and Health License or a Temporary (Type 31) Property and Casualty License, please check the box.

The date of execution of the first application for insurance submitted by this agent or agency was _____ . (If agent or agency has not submitted any business, please state "NA".)

NOTICE OF APPOINTMENT

I hereby request that the State Corporation Commission, Bureau of Insurance, authorizes (appoints) the individual or agency designated above to represent this (these) company(ies) in the Commonwealth of Virginia. I certify that the agent or agency has been notified as prescribed in § 38.2-1833 2 of this appointment.

 Company Contact Email Address*

Effective Date of Appointment

 Company Name

 Name (typed) of Individual Signing Form

 Company (Billing) Address

 City, State, Zip Code

Signature of Authorized Individual

*Provide the email address of the company's contact person for appointment cancellations to receive notice of cancellations or rejections.

IMPORTANT INFORMATION REGARDING APPOINTMENTS

This form should only be used for Virginia resident agents whose Social Security Number is unknown. All other appointments must be submitted electronically through the NAIC. You may view a list of authorized business partners licensed to provide the electronic filing at www.nipr.com.

1. It is the appointing insurer's responsibility to determine that the agent being appointed is properly licensed in Virginia. Insurers should confirm the status of a producer's license on the NAIC's Producer Data Base (PDB), or through the Bureau's Producer Lookup. Appointing (or accepting business from) an unlicensed or inappropriately licensed agent is a violation of Virginia law.
2. The insurer must appoint an agent NO LATER THAN 30 DAYS from the date of execution of the first application for insurance submitted by the agent. If the application is more than 30 days old on the date of appointment, the insurer is in violation of Virginia law.

NOTE: Those insurers authorized to appoint agents under a Temporary Life and Health Debit License (Type 06 only) may submit temporary license applications and appointments simultaneously.

3. Do NOT submit appointment fees with this form. Insurers are billed at the end of each quarter for all appointments processed during the quarter. Failure to pay the quarterly billing and/or yearly renewal fee(s) by the specified due date will result in the insurer being penalized.