

**Lexington National Insurance Corporation  
Request For Agent Appointment**

NAME: \_\_\_\_\_  
*Last First Middle*

INS. LICENSE #: \_\_\_\_\_ S.S#: \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS/AGENCY NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COUNTIES YOU INTEND TO BE APPOINTED IN: \_\_\_\_\_

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

Requesting Agency Owner: \_\_\_\_\_

*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

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**MUST INCLUDE COPY OF BAIL LICENSE & DRIVER'S LICENSE**  
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**Please mail form back to:  
P.O. Box 6098  
Lutherville, MD 21094  
or  
fax to (410) 625-0865**