

**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: \_\_\_\_\_

CELL 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: \_\_\_\_\_

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**Requesting Agency Owner:** \_\_\_\_\_  
*Signature*

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

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I authorize Lexington National Insurance Corporation to run a criminal background check pertaining to me.

**Applicant:** \_\_\_\_\_  
*Signature*

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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**

**Email : Jarre Weinstein [JWeinstein@lexingtonnational.com](mailto:JWeinstein@lexingtonnational.com)**