

# 1117B - LIFE, HEALTH & ACCIDENT

All producers listed below are hereby authorized to transact the lines of insurance authorized by our company's Certificate of Authority, except those who are limited as indicated below. THESE APPOINTMENTS ARE FOR THE LICENSE YEAR: **MAY 1, 2008 - APRIL 30, 2009.**

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

Company Name and Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMISSIONER OF INSURANCE  
 STATE OF LOUISIANA  
 P. O. BOX 94214  
 BATON ROUGE, LOUISIANA 70804-9214

CHECK THIS BOX IF THIS COMPANY APPOINTMENT IS FOR AN INSURER APPLYING TO BECOME ADMITTED IN THIS STATE.

	Disapproved Code (DOI Use)		Limited Code		Producer Name			Resident State	Fee
	↓	License Number	↓	EIN or Social Security #	Last	First	Middle		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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16									
17									
18									
19									
20									

REMARKS:

\_\_\_\_\_ Date

Original Signature of Authorized Representative

<b>FISCAL DIVISION ONLY</b>	<b>PRODUCER LICENSING ONLY</b>	<b>FOR DEPARTMENT OF INSURANCE USE ONLY</b>	
		Classification	
		Postmark Date	
		Date Processed	
		Initials	

## INSTRUCTIONS FOR APPOINTING ALL TYPES OF PRODUCERS

1. When an appointment form is submitted to our department a copy of the disapproved appointments will be returned to your company. **Please enclose a self-addressed, stamped envelope.** (Please make a copy for your records prior to submitting your appointment to our office.)
2. Louisiana no longer sends confirmation of approved appointments. Please check our website at [www.ldi.state.la.us](http://www.ldi.state.la.us). It is updated daily
3. All insurer information must be completed including the company number.
4. **Fees are not refundable.** A new form and fee must be submitted if the appointment is disapproved.
5. The name listed on the appointment form must be exactly as it appears on the Louisiana license. List last name first in alphabetical order. Do not use abbreviations or nicknames. **INCOMPLETE NAMES WILL BE DISAPPROVED.**
6. When appointing a partnership or corporation, list the name of the partnership or corporation. It is not necessary to appoint each partner, officer or employee registered with the firm, in their individual name.
7. A \$10 penalty fee will be charged for each name listed on the renewal appointment form if received after March 1.
8. Checks must be made payable to the Louisiana Department of Insurance.  
**Notice:** When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day your payment is received, and you will not receive your check back from your financial institution.

Life, Health and Accident Appointments (1117B)	Property and Casualty Producer Appointments (1170)
If you wish to limit a producer to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1117B. 1. Limited to Credit Life 2. Limited to Credit Health and Accident 3. Limited to Credit Life and Credit Health and Accident 4. Limited to Travel Health and Accident  FEES: .....\$20.00 per producer	If you wish to limit a producer to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1170. 5. Limited to Industrial Fire 6. Limited to Fidelity and Surety 7. Limited to Baggage 8. Producer will write Bail Bonds 9. Limited to Vehicle Property Damage 10. Limited to Credit Property  FEES: .....\$20.00 per producer
Variable Annuity Appointments (VA-3)	
The applicant must hold a current Life Appointment with the appointing Insurance Company.  FEES: .....\$20.00 per producer	

DISAPPROVED CODES			
A	Producer did not renew his/her license	J	Deceased Individual
B	Producer holds a limited license and is not qualified to transact lines of insurance authorized by your company's certificate of authority	K	Revoked License
C	Invalid license number or name and number do not match	L	Suspended License
D	Insufficient Fees – must resubmit with new fees	M	License Cancelled
E	Duplicate Appointment	N	Moved out of state
F	Producer is not licensed	O	Need letter of certification indicating lines of insurance for which the producer is licensed
G	Producer has a complaint on file	P	Producer does NOT hold a current life appointment to represent the insurance company
H	Producer has a non-sufficient fund check on file (company appointment form may be resubmitted when check is clear)	Q	Invalid company number or company name and number do not match
I	Invalid address and/or Fine imposed	R	See REMARKS at bottom of form OR see letter attached to appointment form