Print Form

HAWAII INSURANCE DIVISION

Notice of New Appointment

APPOINTER Full and exact name as shown on License:	
HI License No.	HI Entity ID
APPOINTEE Full and exact name as shown on License:	
HI License No.	HI Entity ID

PRODUCER		
☐ Life	☐ Casualty	☐ Surety
☐ Accident and Health or Sickness	☐ Marine	☐ Vehicle
☐ Variable Life and Variable Annuity	☐ Property	☐ Personal Lines
☐ Title		
LIMITED LINES PRODUCER		
☐ Credit Life	☐ Credit Casualty	☐ Travel Disability
☐ Credit Disability	☐ Credit Property	☐ Travel Baggage
☐ Other		
LIMITED LINES MOTOR VEHICLE RENTAL COMPANY PRODUCER		
☐ Emergency Sickness Protection Program	☐ Personal Accident Insurance	☐ Underinsured Motorist Insurance
☐ Incidental Travel	☐ Personal Effects Insurance	☐ Uninsured Motorist Insurance
☐ Liability Insurance	☐ Roadside Assistance	☐ Vehicle Related Coverage

Signature of Appointer[1]	Print Name and Title of Signer	Date Signed
Signature of Appointee[1]	Print Name and Title of Signer	Date Signed

1 For individual licensee, the individual must sign. For agency, the Designated Representative named on the license must sign. For insurer, anyone authorized to sign on behalf of the company.

* Submit one complete and signed form per appointment. An incomplete form will be rejected and returned to Appointer.

* To confirm that this appointment was approved please see our website, http://insurance.hawaii.gov.

Hawaii Insurance Division, 335 Merchant Street -- Room 213, Honolulu, Hawaii 96813		
Website: http://cca.hawaii.gov/ins	FOR MORE INFO	phone: 808-586-2788
E-mail: InsLic@dcca.hawaii.gov		fax: 808-587-6714

FOR STATE USE ONLY

Form APPT (Rev. 9/11/2017)

Licensing Clerk | Appt Effective Date