



Collector Car & Boat Insurance

Dear Agent:

In order to process your appointment with our underwriting company, we request that the following information is completed, and forwarded back to us with a copy of your current agency and agent license.

The social security number, date of birth, and applicants name should be that of the principal of the agency, or the individual submitting business to Hagerty.

You may fax this form and license information to 231-941-8227, and it will be directed to Compliance.

Thank you,

Hagerty Insurance Agency, Inc.

SOCIAL SECURITY #			DATE OF BIRTH		FEDERAL IDENTIFICATION #		
APPLICANTS NAME AS IT APPEARS ON THE STATE LICENSE				AGENCY NAME			
RESIDENT ADDRESS				BUSINESS ADDRESS			
CITY				BUSINESS TELEPHONE () -		COUNTY	
STATE	ZIP CODE	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
STATE REQUESTED		RESIDENT / NON-RESIDENT LICENSE #'s		TYPE OF LICENSE REQUESTED			
SC				P & C			
IS ENTITY LICENSED IN REQUESTED STATE?				IS APPLICANT AFFILIATED WITH AN AGENCY?			
Yes				Yes			