



**ROCKY MOUNTAIN
INSURANCE NETWORK**

PRODUCER SETUP FORM

Please print, complete and email or fax to RMIN at:
Email: roxzanne@rmininc.com
Fax: (303) 832-6417

Name: _____ **Last Four of SSN:** _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ **Business Phone:** ____ - ____ - ____

2nd Phone _____ **Fax:** _____

Email Address: _____

Business Mailing Address: _____

Assistant/Contact Name: _____ **Assistant Phone:** _____

Assistant Email: _____

I, hereby authorize to act as my agent in fact for the purpose of affixing or appending my signature to all documents necessary to sell product of designated insurance carriers through including applications, contracts and credit and criminal background check authorizations from credit and criminal reporting agencies.

I affirm that the information I have submitted through the interview process to is correct to the best of my knowledge and I acknowledge that I have read and approved the representations set forth in each of the documents for which I am authorizing my signature. I acknowledge that third parties (including) may rely upon representations submitted by and no person who may act in reliance upon the authority granted hereunder shall incur any liability to me. I further acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of such party's reliance and acceptance of the representations made in the documents submitted on my behalf by or of a facsimile of my signature.

**PLEASE SIGN WITHIN THE LINES IN THE CENTER OF THE
BOX BELOW USING A BLACK SHARPIE OR MARKER**

