

## PRODUCER SETUP FORM

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

cistant/Contact Name:	Address:  t Name:  Assistant Phone:  Assistant Phone:  Assistant Phone:  In the purpose of affixing or appending my signature to all documents necessary to sell plance carriers through including applications, contracts and credit and criminal background check authorizations orting agencies.  In the presentations set forth in each of the documents for which I am authorizing my signature. I acknowled proved the representations submitted by and no person who may act in reliance upon the authority grantly ill ability to me. I further acknowledge and agree to indemnify and hold harmless any third party from and agrout of such party's reliance and acceptance of the representations made in the documents submitted on my beh signature.	Phone	Assistant Phone:
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