



N.C. AGENT APPOINTMENT FORM
Reliable Policy Management, LLC

PO Box 100521
2141 Enterprise Dr.
Florence, SC 29502-0521

Phone: 1.800.866.7773 Fax: 1.800.313.0645

Please appoint the following agent to represent us with Aegis Security Insurance company as indicated by the information below:

Agent Name _____

Home Address _____

***Home Telephone Number** _____

*required field

City, County, State, Zip _____

Social Security Number _____ **Date of Birth** _____

Email address at agency: _____

Agency Name _____

Agency Code 8450- _____

Business Mailing Address _____

City _____ **County** _____ **State** _____ **Zip** _____ - _____

Business Physical Address _____

City _____ **County** _____ **State** _____ **Zip** _____ - _____

Telephone Number (_____) _____ **Fax #** _____

Type of License **Resident** **Nonresident**

Line of Insurance Property & Liability

State(s) to be appointed in NC

***Copy of License(s) attached to this form? _____ (Must be furnished BEFORE the appointment can be made).**

Confirmation of appointment will be furnished upon receipt from state.

Please contact Beth P. Miles at 1.800.866.7773 or bmiles@reliablepolicymgt.com for any questions.