



APPLICATION FOR AUTHORIZATION TO SUBMIT WORKERS'
COMPENSATION INSURANCE APPLICATIONS TO THE MEMIC GROUP

BOTH THE APPLICANT & AGENCY MUST HAVE AN ACTIVE MAINE LICENSE

AGENCY INFORMATION

AGENCY NAME

FEIN #

MAILING ADDRESS

CITY

STATE

ZIP

PHYSICAL ADDRESS

CITY

STATE

ZIP

TELEPHONE #

FAX #

APPLICANT (PRODUCER) INFORMATION

NAME

EMAIL ADDRESS

NATIONAL
PRODUCER #

AGENCY ADMINISTRATOR

NAME

EMAIL ADDRESS

****Please attach a copy of a current W-9 for our records**

SIGNATURE OF APPLICANT

DATE