



Cincinnati Life
PRODUCER APPOINTMENT KIT

PRODUCER: _____ DATE: _____ 20_____

PHONE: _____ EMAIL: _____

Please complete the attached packet and sign in ALL places indicated. When all signatures are in place, please attach the following items and return to us;

- A copy of your current state license
- A copy of your current E&O
- A 'voided' check to be used for the EFT of your commissions

**WHEN YOU HAVE THIS PACKET COMPLETE – PLEASE SEND IT TO US USING
ONE OF THE FOLLOWING;**

Email: contracts@donboozer.com

Fax: **940-315-8434**

Snail Mail: Don Boozer & Associates
2524 Lillian Miller Parkway
Suite 115
Denton TX 76210

Phone: **1-800-543-0886**

Notes: _____

