

ALABAMA DEPARTMENT OF INSURANCE NAME APPROVAL FORM

(Use for Insurance Producer Business Entities ONLY)

| Name requested for approval: | |
|------------------------------|------|
| FEIN: | |
| Address: | Fove |
| Email address: | |
| Contact Name: | |
| Date of Request: | _ |

Please fax this form back to ALDOI at (334)-240-3282

<u>Producerlicensing@insurance.alabama.gov</u>