

[Date]

[Producer Name]

[Producer Address]

[City, State, Zip Code]

[NPN Number]

Subject: Confirmation of Appointment and Regulatory Compliance

Dear [Producer Name],

This letter serves as formal confirmation that [Insurance Carrier Name] has successfully processed your appointment to represent our company in the following jurisdiction(s):

[List States/Jurisdictions]

We have verified that your licensing credentials meet all state-specific regulatory requirements. As an appointed producer, you are required to maintain compliance with the following standards:

- Maintain active licensure in all states where you solicit business.
- Complete all mandatory Continuing Education (CE) and product-specific training.
- Notify the Carrier Compliance Department within [Number] days of any administrative actions or changes in licensing status.
- Adhere to all state and federal fair marketing and consumer protection laws.

Your appointment is effective as of [Effective Date]. Please retain a copy of this confirmation for your regulatory records.

If you have any questions regarding your appointment status or compliance obligations, please contact the Licensing Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title]

[Insurance Carrier Name]