

[Date]

[Carrier Name]

[Carrier Address]

[City, State, Zip Code]

**Subject: Request for Required Carrier Contracting Documents**

Dear [Contact Name],

In order to complete the appointment and contracting process for [Your Company Name/Agency Name], please provide the following documents at your earliest convenience:

- Completed Carrier Appointment Application
- Signed W-9 Form
- Copy of current State Insurance License
- Proof of Errors and Omissions (E&O) Insurance
- Voided check for Direct Deposit (EFT) setup
- Signed Producer Agreement

Please return these documents via email to [Email Address] or upload them through your secure portal at [Link if applicable].

If you have any questions regarding these requirements, please contact [Your Name] at [Phone Number]. We look forward to a successful partnership.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]