



**BRASWELL
SURETY SERVICES, Inc.**

Managing General Agents for Lexington National Insurance Corporation

Agent Appointment Information

Please complete the following information (Print):

Name (Last, First, Middle as on license): _____

Date of Birth: _____ Social Security #: _____ DOI/License #: _____

Agency Name: _____ Website: _____

Business Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Cellular #: _____ Email: _____ Home #: _____

Counties in which you wish to qualify: _____

Requesting Agency Owner: _____
Signature Print Date

I authorize Lexington National Insurance Corporation to run a criminal background check pertaining to me:

Applicant: _____
Signature Print Date

**NOTE: Please complete the entire form
SIGN the attached DOI form in the two (2) places that are checked
INCLUDE a copy of Bail License and Driver's License
NOTARIZE in the 2 places required on DIO Form
FAX forms and copies of licenses back to our office at 772-781-4206 immediately
MAIL both signed notarized originals back to us so we can complete the appointment process**

Thank you