



**2012 Request for Appointment with
Care Improvement Plus**

(Please Circle One) Name of MGA/GA _____

Broker Information—All information is required—Please Print

Full Name (as it appears on your insurance license):

Mailing Street Address (include City, State, and Zip Code):

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Fax Number: _____

Email Address (required): _____

Social Security Number: _____ Date of Birth: _____

License Information—Please complete and attach a copy of all licenses that apply.

Resident License # : _____ Expiration: _____

Non-Resident License # : _____ Expiration: _____
State: _____

Non-Resident License # : _____ Expiration: _____
State: _____

Non-Resident License # : _____ Expiration: _____
State: _____

Non-Resident License # : _____ Expiration: _____
State: _____

Please include copies of your license(s) and E&O certificate upon return of this form to:
Service@insspecial.com or via fax **(417) 442-7622**

The information requested above is necessary to evaluate your request to be appointed by Care Improvement Plus.

Any questions call INS-Special at **(417) 442-7825**.

I confirm that the above information is true and correct.

Signature: _____ Date: _____