

**STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU**

Business Entity Affiliation Form

Business Entity Federal Id Number _____ License Number _____
 Business Entity Name _____
 Address _____ City _____ State Zip _____
 Contact Person _____ Telephone No. _____
 Email Address _____

Notice is hereby given that effective from the date shown on this notice, the designated business entity hereby affiliates the licensee(s) named herein to act as its affiliate.

Affiliation fee is \$20.00 per affiliate. We do not affiliate agencies. Please list only individual agents.

Payment must be made by Check, Money Order, ACH Credit or Wire.

| NAME AS SHOWN ON LICENSE | NPN AND LICENSE TYPE |
|--------------------------|------------------------------|
| Example: John Smith | 12345 – Independent Adjuster |
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Please have only 6 affiliations per form, we will not accept “attached spreadsheets”

Total affiliations _____ \$20.00 per affiliate = \$ _____

Check _____ Money Order _____ ACH Credit _____ or Wire _____

Signature must be that of an officer of the business entity or a person authorized by the business entity to sign on behalf of the business entity.

Printed Name _____ Official Title _____
 Signature _____ Date _____

For electronic payments: Once you have made payment via ACH Credit or Wire, please email this form to agents.licensing@state.nm.us

All filing fees are non-refundable or non-transferable, whether or not the application is processed. Per NMSA 59A-6-1 all fees are earned when paid and are not refundable.