



Agency Appointment Check List

Agency Agreement

Agency Information Sheet

Copy of Agency's W-9 Form

Copy of E & O Declarations Page

Copy of Agent's 2-20 License

Please complete the above and mail or email to:

ADDRESS: Atlantic Mutual Legal Defense Insurance Company, Inc.
7351 Wiles Road
Suite 203
Coral Springs, FL 33067

EMAIL: Service@AtlanticMutualInsurance.com

If you have any questions, please feel free to call us at:

Toll Free: 888-888-3270

Direct: 754-812-1974