Independent Insurance Agents of the Panhandle

Statement of Employment

Applicant's name _____

Applicant's address _____
street or box city state zip

Applicant's telephone _____ _____ _____
home cell work

Applicant's email _____

Applicant's parent _____
first and last name of parent

is employed by _____
name of IIAP member insurance agency

in the position of _____

Verified by _____
principal of the above named IIAP member insurance agency

Date verified: _____

Email completed statement to: iiapanhandle@gmail.com

Will respond to you in the next 5 days

IIAP use only

Reviewed by _____ Date _____

Date returned to applicant _____