

CUSTOMER ACKNOWLEDGMENT FORM (CAF-1)

To be completed by;
Customer and Field Sales

Producer of Record

Effective _____, I hereby acknowledg

Producer {Individual or Firm to Whom Compensation will be paid} { % Share if other than 100% }

Producer {Individual or Firm to Whom Compensation will be paid} { % Share if other than 100% }

To be designated the Producer of Record for _____
Customer Name

Account Name / Group Number	HMO Site (If Applicable)

Authorized Customer Signature Date

Authorized Customer Print

Customer Address