

Manhattan Direct Set Up Request
(This information will be displayed on the Web page)

Agent #:

Agent or Agency Name:

Address #1:

City, State, Zip:

Phone #:

Fax #:

E-Mail Address:

List the states in which you will be enrolling in Manhattan Direct

**You must be licensed and appointed with BMC in these states*

REMIT TO bmcagents1@aol.com