

Florida Firefighters Cancer Benefit

Email completed application to submit@midman.com.

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION			
Insured Municipality/ Department:			
Contact Name:			
Position:			
Telephone #:		Cell #:	
Email Address:			

list all qualifying firefighters:

Full Legal Name	Address	Zip Code	Date of Birth	Name of Beneficiary

AUTHORIZED REPRESENTATIVE	
SIGNATURE:	
PRINTED NAME:	
DATE OF SIGNATURE:	

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