



P&C PRODUCER APPOINTMENT FORM

APPOINTMENT SECTION

DATE (MM/DD/YYYY)

PROVIDE ALL INFORMATION KNOWN AT THE TIME THE FORM IS COMPLETED

CARRIER

NAIC CODE

AGENCY INFORMATION

NAME AND ADDRESS

FEIN:

LICENSING CONTACT:

CONTACT PHONE (A/C, No, Ext):

CONTACT FAX (A/C, No):

CONTACT E-MAIL:

PRODUCER INFORMATION

FULL LEGAL NAME	PREFIX	FIRST NAME	MIDDLE NAME	SURNAME	SUFFIX		
POSITION / TITLE IN AGENCY				BIRTH DATE (MM/DD/YYYY)	NATIONAL PRODUCER #	SOCIAL SECURITY #	
RESIDENCE ADDRESS (Including County)				BUSINESS PHONE (AC, No, Ext):			
				BUSINESS E-MAIL ADDRESS			
OTHER NAMES USED						NAME TYPE (Check One)	
PREFIX	FIRST NAME	MIDDLE NAME	SURNAME	SUFFIX	ALIAS	MAIDEN	PREVIOUS
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATES AND US TERRITORIES (Check only those that apply)

<input type="checkbox"/> AK ALASKA	<input type="checkbox"/> KY KENTUCKY	<input type="checkbox"/> NY NEW YORK	<input type="checkbox"/> AS AMERICAN SAMOA
<input type="checkbox"/> AL ALABAMA	<input type="checkbox"/> LA LOUISIANA	<input type="checkbox"/> OH OHIO	<input type="checkbox"/> GU GUAM
<input type="checkbox"/> AR ARKANSAS	<input type="checkbox"/> MA MASSACHUSETTS	<input type="checkbox"/> OK OKLAHOMA	<input type="checkbox"/> PR PUERTO RICO
<input type="checkbox"/> AZ ARIZONA	<input type="checkbox"/> MD MARYLAND	<input type="checkbox"/> OR OREGON	<input type="checkbox"/> VI VIRGIN ISLANDS
<input type="checkbox"/> CA CALIFORNIA	<input type="checkbox"/> ME MAINE	<input type="checkbox"/> PA PENNSYLVANIA	
<input type="checkbox"/> CO COLORADO	<input type="checkbox"/> MI MICHIGAN	<input type="checkbox"/> RI RHODE ISLAND	
<input type="checkbox"/> CT CONNECTICUT	<input type="checkbox"/> MN MINNESOTA	<input type="checkbox"/> SC SOUTH CAROLINA	
<input type="checkbox"/> DC DISTRICT OF COLUMBIA	<input type="checkbox"/> MO MISSOURI	<input type="checkbox"/> SD SOUTH DAKOTA	
<input type="checkbox"/> DE DELAWARE	<input type="checkbox"/> MS MISSISSIPPI	<input type="checkbox"/> TN TENNESSEE	
<input type="checkbox"/> FL FLORIDA	<input type="checkbox"/> MT MONTANA	<input type="checkbox"/> TX TEXAS	
<input type="checkbox"/> GA GEORGIA	<input type="checkbox"/> NC NORTH CAROLINA	<input type="checkbox"/> UT UTAH	
<input type="checkbox"/> HI HAWAII	<input type="checkbox"/> ND NORTH DAKOTA	<input type="checkbox"/> VA VIRGINIA	
<input type="checkbox"/> IA IOWA	<input type="checkbox"/> NE NEBRASKA	<input type="checkbox"/> VT VERMONT	
<input type="checkbox"/> ID IDAHO	<input type="checkbox"/> NH NEW HAMPSHIRE	<input type="checkbox"/> WA WASHINGTON	
<input type="checkbox"/> IL ILLINOIS	<input type="checkbox"/> NJ NEW JERSEY	<input type="checkbox"/> WI WISCONSIN	
<input type="checkbox"/> IN INDIANA	<input type="checkbox"/> NM NEW MEXICO	<input type="checkbox"/> WV WEST VIRGINIA	
<input type="checkbox"/> KS KANSAS	<input type="checkbox"/> NV NEVADA	<input type="checkbox"/> WY WYOMING	

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

This notice is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal and credit history. These terms are defined in the FCRA.

I acknowledge and agree that this Producer Appointment Form does not constitute a contract of any kind. I hereby authorize the Company and its authorized agents to investigate my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications for my appointment. I hereby consent to the Company obtaining such information from time to time, as the Company, in its sole discretion, deems necessary. I further consent to the disclosure of the Producer Appointment Form and background information to government or regulatory agencies.

I hereby release the Company, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above referenced sources, or from the furnishing of the same. This is a continuing authorization.

I understand that I am obligated to immediately report any event that changes any of the information, in any manner, which I have provided on this application.

I hereby certify that all of the information herein is accurate and complete. Finally, I acknowledge and agree that my appointment will, in part, be based on this Producer Appointment Form and background information, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only

A consumer credit report will be obtained through:

_____	_____
Company Name	Street Address
_____	_____
City	State Zip Code

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

YES _____	NO _____
Initials	Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

YES _____	NO _____
Initials	Initials

* **California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

PRINT NAME

SIGNATURE

DATE (MM/DD/YYYY)