



P&C PRODUCER APPOINTMENT FORM BACKGROUND QUESTIONS

DATE (MM/DD/YYYY)

PROVIDE ALL INFORMATION KNOWN AT THE TIME THE FORM IS COMPLETED

COMPLETE ONLY FOR THOSE INSURERS REQUIRING THIS INFORMATION

CARRIER	NAIC CODE
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BACKGROUND QUESTIONS

EXPLAIN ALL "YES" RESPONSES. PROVIDE COMPLETE DETAILS AND ATTACH APPROPRIATE DOCUMENTS (e.g., Official Court Records).	Y/N
1. HAVE YOU FILED FOR, OR BEEN DISCHARGED FROM ANY BANKRUPTCY (INCLUDING PERSONAL BANKRUPTCY), INSOLVENCY OR ASSIGNMENT FOR THE BENEFIT OF CREDITORS WITH A FILING OR DISCHARGE DATE, WHICHEVER IS LATER, IN THE LAST FIVE (5) YEARS?	<input type="checkbox"/>
2. DO YOU HAVE DELINQUENT UNPAID DEBTS EXCEEDING, IN TOTAL, \$10,000? (ADD TOGETHER DELINQUENT: CONSUMER DEBT, TAX LIENS, LOANS, CHILD SUPPORT PAYMENTS, ALIMONY PAYMENTS, CIVIL JUDGMENTS, AND OTHER DELINQUENT DEBT.)	<input type="checkbox"/>
3. WITH THE EXCEPTION OF SITUATIONS SPECIFIC TO CONTINUING EDUCATION, HAVE YOU EVER BEEN THE SUBJECT OF AN ADMINISTRATIVE PROCEEDING REGARDING ANY PROFESSIONAL OR OCCUPATIONAL LICENSE THAT RESULTED IN DISCIPLINARY ACTION?	<input type="checkbox"/>
4. WITH THE EXCEPTION OF SITUATIONS SPECIFIC TO CONTINUING EDUCATION, HAS YOUR INSURANCE LICENSE EVER BEEN SUSPENDED BY, SUBJECT TO A CONSENT ORDER FROM, REVOKED BY, OR SURRENDERED TO, ANY REGULATORY AGENCY, OR HAVE YOU EVER BEEN FINED, PENALIZED, SANCTIONED OR SUBJECT TO ANY OTHER DISCIPLINARY ACTION BY A STATE OR FEDERAL REGULATORY AGENCY OR SELF REGULATORY ORGANIZATION OR ARE YOU CURRENTLY UNDER INVESTIGATION AS A RESULT OF YOUR ACTIVITIES IN THE BUSINESS OF INSURANCE, SECURITIES, BANKING, INVESTMENT BANKING OR REAL ESTATE?	<input type="checkbox"/>
5. HAVE YOU EVER HAD AN INSURANCE AGENCY CONTRACT OR ANY OTHER BUSINESS RELATIONSHIP WITH AN INSURANCE COMPANY TERMINATED FOR ANY ALLEGED MISCONDUCT?	<input type="checkbox"/>
6. HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NO CONTEST TO, OR ARE YOU CURRENTLY CHARGED WITH OR UNDER INVESTIGATION FOR ANY MISDEMEANOR INVOLVING DISHONESTY OR BREACH OF TRUST OR ANY FELONY?	<input type="checkbox"/>
7. ARE YOU NOW THE SUBJECT OF ANY COMPLAINT, INVESTIGATION, OR PROCEEDING THAT COULD RESULT IN A "YES" ANSWER TO ANY OF THE PREVIOUS QUESTIONS?	<input type="checkbox"/>

REMARKS

I HEREBY CERTIFY THAT ALL OF THE INFORMATION HEREIN IS ACCURATE AND COMPLETE. 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.

PRINT NAME	
SIGNATURE	DATE (MM/DD/YYYY)