

## PRODUCER APPOINTMENT DATA SHEET

(NAME OF INSURANCE COMPANY MUST BE INSERTED BEFORE THIS FORM IS USED)

## 1. FORM PURPOSE

☐ New Appointment☐ Change

## 2. PRODUCER INFORMATION

First Name:		Business Name:	
Middle Name:		Business Address Preferred Mailing <input type="checkbox"/>	
Last Name:		Line 1:	
Designations:		Line 2:	
Legal Residence (No P.O. Box) Preferred Mailing <input type="checkbox"/>		City: State: Zip:	
Line 1:		County (FL only):	
Line 2:		Tax ID #	
City: State: Zip:		Business Phone	
County (FL only):		( ) - Extension	
Date of Birth (mm/dd/yyyy)	SSN # / Gov't ID	Business Fax	Website Address
		( ) -	
Home Phone	Home Fax	e-mail Address	
( ) -	( ) -		
Start Date		Start Date	
Previous Names			
Have you used any other names or aliases in the last seven (7) years? If "YES", please list any/all such names.			
Previous First Name	Previous Middle Name	Previous Last Name	

3. **BROKER / DEALER INFORMATION** (This section is only applicable if you are a Broker / Dealer).

Broker / Dealer Name:	Tax ID #:
Broker / Dealer Address Line 1:	Phone #:
Line 2:	Fax #:
City:                      State:      Zip:      .	Broker / Dealer CRD #:

#### 4. APPOINTMENT INFORMATION

Type of Appointment	<input type="checkbox"/> Individual	<input type="checkbox"/> Firm/Agency	If incorporated, indicate type of corporation:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC
Is Firm/Agency Incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> S-Corporation	<input type="checkbox"/> LLP

## 5. COMMISSION HIERARCHY (If Applicable)

Brokerage General Agency (BGA) Name:		BGA Number:
General Agent:	Agency Name:	

## 6. PREVIOUS ADDRESS

Have you lived anywhere other than the above mentioned Legal Residence in the last seven (7) years?  
If "YES", please list any/all such addresses. For additional information please use Remarks section.

Previous Address Line 1:		Previous Address Line 1:	
Line 2:		Line 2:	
City:	State: Zip:	City:	State: Zip:
Start Date:	End Date:	Start Date:	End Date:

**7. EMPLOYMENT HISTORY**

Have you been employed anywhere other than with your current employer in the last seven (7) years?

If "YES", please list any/all such employment history. For additional information please use Remarks section.

Current Employer Name:			Previous Employer Name:		
Current Employer Address Line 1:			Previous Employer Address Line 1:		
Line 2:			Line 2:		
City:	State:	Zip:	City:	State:	Zip:
Start Date:	End Date:		Start Date:	End Date:	

**8. LICENSE INFORMATION (Please attach copies of all licenses where appointment is requested)**

If appointment requested, please indicate the line requested.

Resident License State	Resident License Number	Res. License Line of Business	Appt. Req. / Line of Business

  

Non-Res. Lic. State	Non-Res. Lic. County	Non-Res. License Number	Non-Res. Lic. Line of Business	Appt. Req. / Line of Business

For a non-resident appointment in Florida, please indicate counties in which you want to be appointed.

A non-resident form is required in HI.

**9. NASD LICENSE INFORMATION**

Are you NASD licensed / registered ? ☐ Yes ☐ No ☐ Series 6 ☐ Series 7 ☐ Series 63 ☐ Other:

Broker / Dealer Affiliation

Individual CRD #

**10. E & O POLICY INFORMATION**

Policy Amount	Policy Number	Policy Carrier	Effective Date	Expiration Date

**11. BUSINESS PRACTICES**

If you answer "YES" to any questions, attach a signed written explanation with all relevant information and supporting documents.

	YES	NO		YES	NO
1. Have you ever had an insurance license or appointment, or a securities registration, or an application for such, denied, suspended, cancelled or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any legal or regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="checkbox"/>	<input type="checkbox"/>	8. Are there any unsatisfied judgements, garnishments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any state or federal regulatory agency or self-regulatory authority ever filed a complaint against you?	<input type="checkbox"/>	<input type="checkbox"/>	9. Are you in debt to any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been subject to an insurance or investment related consumer initiated complaint or proceeding?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have ever been indicted for, convicted of or pled guilty or nolo contendere to any felony or misdemeanor other than a minor traffic offense?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you currently party to any litigation or the subject of any investigations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has an E & O carrier ever denied claims, paid claims, or cancelled your coverage?	<input type="checkbox"/>	<input type="checkbox"/>	12. Has any employer, insurance company, or securities broker-dealer ever terminated your employment or contract, or permitted you to resign for any other reason than lack of sales?	<input type="checkbox"/>	<input type="checkbox"/>

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**12. AUTHORIZATION**

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I acknowledge and agree that this Producer Appointment Data Sheet 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 Data Sheet 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.

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 Data Sheet 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.

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Signature	Date (mm/dd/yyyy)
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**13. REMARKS**

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