

Municipal Insurance Company of America
85 West Algonquin Road, Suite 300
Arlington Heights, Illinois 60005
847-364-5800 (telephone)
847-364-5478 (facsimile)



APPLICATION FOR APPOINTMENT

Municipal Insurance Company of America

The Municipal Insurance Company of America (MICA) requires completion of the appointment process before business can be submitted for quotation. Once the appointment is approved, a formal notification will be sent informing you of your approval. A Producer Agreement will also be attached that should be executed and returned to MICA.

Please fully complete this form so that we may process the application promptly. Missing information may delay the process. Please type or complete in black or blue ink.

FULL NAME (No Initials) _____
Last First Middle

HOME ADDRESS _____
Number & Street City State Zip Code County

BUSINESS/MAILING ADDRESS _____
Number & Street City State Zip Code County

TELEPHONE NUMBERS Home _____ Business _____
Fax _____ E-mail Address _____

DATE OF BIRTH _____ Gender _____ Are you a citizen of the United States? _____

Professional Designations or Memberships:

___ CLU ___ CPCU ___ MDRT ___ NQA ___ NASD ___ NALU _____ Other

1. Lines of insurance for which you are licensed Life _____ Accident/Health _____ Other _____
2. Did you submit an application for Insurance with this application for appointment? _____ If yes, what is the name of the proposed insured and the date of the application for insurance?

3. List the state(s) in which you are licensed and wish to be appointed: _____

4. In the state(s) for which you are requesting an appointment, do you currently hold an appointment with another insurance company(ies)? _____. If yes, please list below showing company name and city, state of home office.
5. Do you have a non-resident agents license in any states? _____. If yes, please provide the state and license number for all such licenses.
6. How long have you lived at your present home address? _____. If less than five years, please provide the city and state of your residence for the past five years.
7. If you are assigning your commissions to an agency, please give its name and address and check your status with the organization. (*Please enclose a copy of your corporate license*)

Name of Agency

Street Address

City

State

Zip

Status: ___Owner or Partner ___ Corporate Officer ___Full-time employee

8. Do you carry Errors and Omissions Insurance? _____. If yes, please provide a copy of the declarations page of your current policy as an attachment to this application.
9. Have you ever had an application for an insurance license declined by any insurance department? _____
10. Have you ever had an insurance license suspended or revoked by any insurance department or had a complaint issued against you by any insurance department? _____
11. Have you ever been charged with or convicted of a felony? _____
12. Are there any outstanding judgments or liens (including state or federal tax liens) against you? _____
13. Does any insurer, insured, or other person claim any indebtedness of you as a result of any insurance transactions or business? _____

NOTE: A "yes" to any of questions 9 through 13 requires an explanation below or on separate sheet(s) to be attached to this application.

DECLARATION

I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state which I am seeking appointment and that I am withholding no information which would effect my qualification for this appointment with Municipal Insurance Company of America.

I authorize Municipal Insurance Company of America and its agents and/or assigns to obtain and I authorize any insurance carrier or agency with which I am or have been affiliated to release information concerning my character, general reputation, personal characteristics, credit history, mode of living and other applicable data, as part of my appointment and contracting process. A copy of this authorization is as valid as the original.

As evidence of my desire to obtain contract with Municipal Insurance Company of America, I empower you and/or your agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, and law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, residential, achievement, job performance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it. A copy of this authorization is as valid as the original.

Broker/Agent Signature _____ Date _____

Social Security # _____

Legal Corporation Name _____

Federal ID # _____

PLEASE ATTACH A COPY OF A CURRENT LICENSE