



# AGENT'S LICENSING INFORMATION

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Number: \_\_\_\_\_ License Type: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Commercial Lines Agent?  Personal Lines Agent?

Business email address (required): \_\_\_\_\_

**Please list residential address(es) for the last five (5) years (attach a separate sheet if necessary):**

**Current Residential (Physical) Address:** \_\_\_\_\_ # of years: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Prior Residential (Physical) Address:** \_\_\_\_\_ # of years: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Have you ever been appointed (licensed) by another Company?  Yes  No

If yes, name of company (or attach printout): \_\_\_\_\_

Have you ever been convicted of a felony crime in any state or federal court?  Yes  No

If yes, please explain: \_\_\_\_\_

### Disclosure to the Consumer

In connection with your application for appointment, Bankers Insurance Group, Inc. (BIG) and its affiliates intend to conduct a verification of your background. To ensure full compliance with the 1997 Fair Credit Reporting Act Section 604 (A) and to facilitate easy access to all information necessary, please read and sign this form.

I, \_\_\_\_\_, authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to First Advantage and/or BIG. I release and agree to hold each harmless from all liability and responsibility for doing so.

I specifically authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics. I further understand that upon written request I will be given a list of the areas which will be researched and included in the investigative report into my background.

In the event that an adverse decision will be made based on my Credit Report, First Advantage and/or BIG will provide me with information on how to obtain a copy of the report and a description in writing of my legal rights.

I understand that the Violent Crime Control and Law Enforcement Act of 1994 (18 U.S.C. section 1033) prohibits BIG from willfully permitting any individual convicted of any criminal felony involving dishonesty or a breach of trust from participating in the business of insurance. I understand that my application for appointment will be rejected if such a conviction is found on my record. I further understand that my application for appointment may be reconsidered if I obtain the specific written consent of the Department of Insurance allowing for my participation in the business of insurance.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE ACCOMPANIED BY A COPY OF YOUR LICENSE.**

Submit completed form with copy of your insurance license.