



PRODUCER APPOINTMENT FORM

You must attach a copy of your current producer license as well as a copy of the agency license.

AGENCY INFORMATION

Name and Address	FEIN:
	Licensing Contract:
	Contact Phone:
	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 #	
Producer License #	Residence Address (including County)			Producer Email Address	
Other Names Used					Name Type (Check One)
Prefix	First Name	Middle Name	Surname	Suffix	Alias Maiden Previous

STATES WHERE YOU WILL WRITE BUSINESS ON BEHALF OF THE PHILADELPHIA CONTRIBUTIONSHIP (check the states you are licensed in and will be able to sell in)

- | | | |
|---------------------|-----------------|-----------------|
| Pennsylvania | Maryland | Delaware |
| New Jersey | Virginia | |

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.

Print Name	
Signature	Date

Background Questions

Provide all information known at the time the form is completed
Explain all "Yes" responses. Provide complete details and attach appropriate documents (e.g., official court records).

	Yes	No
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?		
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.)		
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?		
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?		
5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?		
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?		
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?		

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 Signed

For Company Use Only:

Date of appointment: _____/_____/_____