



PRODUCER INFORMATION FORM (PIF)

DATE (MM/DD/YYYY)

PROVIDE ALL APPLICABLE INFORMATION TO AVOID PROCESSING DELAYS

CARRIER: NAIC CODE (if known):**1. FORM TYPE**

<input type="checkbox"/>	NEW CONTRACT				IF REQUESTING NON-RESIDENT FL APPOINTMENT, LIST COUNTY(IES) (if known):		
<input type="checkbox"/>	NEW APPOINTMENT	LINE OF AUTHORITY / LINE OF BUSINESS					
RESIDENT STATE:	<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	ACCIDENT, HEALTH & SICKNESS		<input type="checkbox"/>	LTC
	<input type="checkbox"/>	CASUALTY	<input type="checkbox"/>	ANNUITY		<input type="checkbox"/>	SURETY
	<input type="checkbox"/>	PERSONAL LINES	<input type="checkbox"/>	VARIABLE LIFE	<input type="checkbox"/>	LIMITED LINES	
<input type="checkbox"/>	LIFE	<input type="checkbox"/>	VARIABLE ANNUITY	<input type="checkbox"/>			
<input type="checkbox"/>	ADDITIONAL APPOINTMENT	STATE(S):					
<input type="checkbox"/>	DEMOGRAPHIC CHANGE						
<input type="checkbox"/>	TERMINATION	TERMINATION DATE (MM/DD/YYYY):		TERMINATION REASON:			

2. APPOINTMENT INFORMATION

TYPE OF APPOINTMENT		TYPE OF BUSINESS ENTITY											
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	AGENCY / FIRM	<input type="checkbox"/>	SOLE PROPRIETOR	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP

3. FINRA REGISTRATION INFORMATION (if applicable)

FINRA LICENSED / REGISTERED? (Y / N):	<input type="checkbox"/>	SERIES 6	<input type="checkbox"/>	SERIES 7	<input type="checkbox"/>	SERIES 63	<input type="checkbox"/>	SERIES 65	<input type="checkbox"/>	SERIES 66	<input type="checkbox"/>
FIRM AFFILIATION:	FIRM CRD #:			INDIVIDUAL CRD #:							

4. E&O POLICY INFORMATION (if applicable)

POLICY CARRIER:	EFFECTIVE DATE:	POLICY LIMIT (per claim):
POLICY NUMBER:	EXPIRATION DATE:	AGGREGATE:

5. INDIVIDUAL INFORMATION

FULL LEGAL NAME	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
CURRENT RESIDENCE ADDRESS (Including County)				BUSINESS MAILING ADDRESS	
BIRTH DATE (MM/DD/YYYY)	NPN #	SOCIAL SECURITY #	BUSINESS PHONE (AC, No, Ext)	BUSINESS FAX (AC, No)	BUSINESS E-MAIL ADDRESS
OTHER NAMES USED					NAME TYPE (Check One)
PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	ALIAS MAIDEN PREVIOUS
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6. ASSIGNMENT OF COMMISSION (if applicable)

<input type="checkbox"/>	AGENCY / FIRM	AGENCY / FIRM PRODUCER CODE (if known)	WRITING AGENT NUMBER (if known)
<input type="checkbox"/>	INDIVIDUAL		

7. AGENCY / FIRM

NAME AND ADDRESS	DESIGNATED RESPONSIBLE PRODUCER	NPN # (if applicable)
	LICENSING CONTACT:	
	CONTACT PHONE (A/C, No, Ext):	
	CONTACT FAX (A/C, No):	
MAILING ADDRESS (if different from above)	CONTACT E-MAIL:	
	AGENCY / FIRM NPN #:	FEIN:
	AGENCY / FIRM PRODUCER CODE:	
	AGENCY / FIRM WEBSITE ADDRESS:	

8. GENERAL AGENT (GA) (if applicable)

GENERAL AGENT (GA) NAME AND ADDRESS (if applicable)	CONTACT NAME
	CONTACT PHONE (A/C, No, Ext)
	CONTACT FAX (A/C, No):
MAILING ADDRESS (if different from above)	CONTACT E-MAIL
	FEIN

10. BUSINESS ENTITY - BACKGROUND QUESTIONS

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Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature. Enter Y for a "YES" response. Enter N for a "NO" response (unless stated otherwise).

Y / N

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a felony, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with, committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? (If this question is not applicable, enter N/A)

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) (If this question is not applicable, enter N/A)

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?

NOTE: For Questions 1a, 1b and 1c, "**Convicted**" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine

If you answer "YES" to any of these questions, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "YES", you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer "YES", submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer "YES", identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer "YES", you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer "YES", you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

11. SUPPORTING DOCUMENTS CHECKLIST

THE FOLLOWING DOCUMENTS (WHERE NOTED AND APPLICABLE) MUST ACCOMPANY THE PIF TO AVOID PROCESSING DELAYS OR CONSIDERED DEFICIENT. CHECKLIST:	
APPLICABLE DOCUMENTS: <input type="checkbox"/> SUPPORTING DOCUMENTS FOR ALL "YES" RESPONSES <input type="checkbox"/> W9 <input type="checkbox"/> ERRORS & OMISSIONS CERTIFICATE <input type="checkbox"/> AGENT AGREEMENT <input type="checkbox"/> AGENCY AGREEMENT <input type="checkbox"/> BUSINESS ASSOCIATE AGREEMENT (BAA) <input type="checkbox"/> COMMISSION AGREEMENT <input type="checkbox"/> EFT BANK INSTRUCTION WITH VOIDED CHECK <input type="checkbox"/> ASSIGNMENTS OF COMMISSIONS	PRODUCT TRAINING CE REQUIREMENTS: <input type="checkbox"/> LTC (8 hr Initial Partnership Training) <input type="checkbox"/> LTC (4 hr Ongoing Training) <input type="checkbox"/> AML (ANTI MONEY LAUNDERING) <input type="checkbox"/> ANNUITY SUITABILITY STATE SPECIFIC REQUIREMENTS: <input type="checkbox"/> COMPANY SPECIFIC REQUIREMENTS: <input type="checkbox"/>

12. REMARKS

13. SIGNATURE

I acknowledge and agree that this Producer Information Form does not constitute a contract of any kind. I further consent to the disclosure of the Producer Information Form and background information to government or regulatory agencies.

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 Information 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.

INDIVIDUAL PRODUCER (if applicable)

I hereby certify that all of the information submitted in this application and attachments are true and complete.

SIGNATURE	FULL LEGAL NAME (Print or Type)	DATE (MM/DD/YYYY)
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BUSINESS ENTITY (if applicable)

On behalf of the business entity, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies that all of the information submitted in this application and attachments are true and complete.

Must be signed by the Agency or Broker / Dealer's Designated Producer

SIGNATURE	FULL LEGAL NAME (Print or Type)	DATE (MM/DD/YYYY)
TITLE		DATE (MM/DD/YYYY)