

# Producer Information Form

## Section I: Complete the following if Agency

Agency's Legal Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ - \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address County City State Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

State(s) in which an appointment is requested: \_\_\_\_\_ **(Include copy of license for each State)**

Is your business placed through a Managing General Agent, General Agent or TPA?  Yes  No  
If Yes, please list whom and in which State(s): \_\_\_\_\_

List all members to be appointed. (Attach a separate sheet if necessary)

If for **Maryland**, identify the Responsible Individual(s). If for **Pennsylvania**, identify the Qualifying Active Officer(s).

Name	Position	Address	Date of Birth

*NOTE: A Producer Information Form and appropriate licenses must be submitted for each member's appointment.*

## Section II: Complete the following if Agent or Producer

Legal Name: \_\_\_\_\_  
Last First Middle

If you conduct business under a fictitious name, please list here: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
Street Address County City State Zip Code

Business Address: \_\_\_\_\_  
Street Address County City State Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

State(s) in which an appointment is requested: \_\_\_\_\_ **(Include copy of license for each State)**

Do you want your commissions paid to an agency?  Yes  No If Yes, please provide the following information:  
Agency Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_ - \_\_\_\_\_

Is your business placed through a Managing General Agent, General Agent or TPA?  Yes  No  
If Yes, please list whom and in which State(s): \_\_\_\_\_

Please provide name and address information of your former employers (including Military) for the past 10 years:

Name/Title: \_\_\_\_\_ Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Section III: Background Information –**

**Applies to an Agency's Partners, Directors and Officers as well as Individual Agents and Producers**

**If the answer is Yes to any of the below questions, attach complete details on a separate sheet of paper:**

Have you ever had your insurance or securities license suspended or revoked?

Yes       No

Have you ever been convicted of a felony?

Yes       No

Have you ever been short on an account with any employer or any other party for whom you have held funds?

Yes       No

Has an application for bond ever been declined to you?

Yes       No

Have you ever been investigated or fined by an Insurance Regulatory Authority?

Yes       No

**Section IV: Reference Information –**

**Applies to an Agency's Partners, Directors and Officers as well as Individual Agents and Producers**

**Please have a business reference complete and sign this section:**

How long have you known the applicant? \_\_\_\_\_

How would you rate your business experience with the applicant?       Excellent       Good       Fair       Poor

Is the above applicant trustworthy and reliable?       Yes       No

Is the above applicant qualified to act as an agent or producer?       Yes       No

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**Section V: State Mandated Requirements**

**AL:** Must hold a Dental Service line of authority in order to be appointed.

**FL:** Non-Residents must identify what counties in Florida they will be acting as an agent.

**KS:** Must verify that appointee has Errors and Omissions coverage of at least \$100,000 per occurrence/\$100,000 total aggregate (\$100,000/\$500,000 if covered under a blanket policy).

**MD:** In order to appoint an agency, must appoint a Responsible Individual of the agency.

**MI:** In order to appoint an agency, at least one officer of the agency must be appointed.

**NM:** Must have a Certification completed by an official of United Concordia.

**PA:** In order to appoint an agency, must appoint a Qualifying Active Officer of the agency.

**WA:** Employees of an appointed agency only need to submit an Affiliation Certificate to be appointed.

**WV:** Non-Residents must submit a Letter of Certification from their home state and complete West Virginia Form LA-5.

## **Certifications and Authorization to Obtain Investigative Consumer Report**

I certify that the answers to the above questions are true. I agree to comply with all the regulations of United Concordia (the Company), and applicable state insurance departments. I certify that I am free to contract with the Company. I authorize the individuals or companies shown in this application to give to the Company, any business or personal information concerning me that they may have and I release said individual or company from all liabilities for any damage whatsoever for issuing this information. I understand that my appointment must be processed with applicable state insurance departments prior to receiving any commissions.

**COMPLIANCE WITH VIOLENT CRIME AND LAW ENFORCEMENT ACT OF 1994:** By signing this agreement, I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under section 1033 of the Violent Crime and Law Enforcement Act of 1994. I further agree to immediately inform the Company of any conviction described in the preceding sentence.

**AUTHORIZATION TO OBTAIN INVESTIGATIVE CONSUMER REPORT:** As part of its regular procedures, I understand that the Company may obtain an investigative consumer report. It may deal with character, reputation and personal traits. It may involve personal interviews with friends, neighbors and associates. I understand that I have the right to request from the Company a complete disclosure of the nature and scope of this report, along with the name and address of the agency making it. If I make this disclosure request, the Company will provide me with a written response no later than 5 days after the date in which the Company receives my request, or the date on which the Company first requested the report, whichever date is later. I further understand that depending on applicable state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to the Company to obtain an Investigative Consumer Report in connection with my application for appointment as an insurance producer.

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

**Please provide the following documents along with your Producer Information Form**

- 1. Copy of current valid license(s) for each state that an appointment is being requested**
- 2. Copy of current Errors & Omission Insurance Declaration Page or Certificate of Insurance**
- 3. Completed IRS W-9 Form identifying the agency, agent or producer who is to receive commission payments**
- 4. Two (2) Executed Producer Agreements**