

# Producer Appointment Data Sheet



Red border indicates required field.

## SECTION 1: PRODUCER INFORMATION

First name	M.I.	Last name	Suffix	Social Security no./Government ID no.	
Date of birth (MM/DD/YYYY)	National producer no. (NPN optional)		Home phone no.		Home fax no. (optional)
Producer business phone no. Ext.			Producer business fax no.		
Residence mailing address (no P.O. Box)		City	State	ZIP code	County
Business mailing address (if P.O. Box, please provide physical address below)		City	State	ZIP code	County
Physical location business mailing address (if different from business address)		City	State	ZIP code	County

I prefer to receive mailings at:  Residence mailing address  Business mailing address  Physical location business mailing address

Business email address

Are you bilingual?  Yes  No If Yes, what language(s) do you speak? \_\_\_\_\_

## Previous names or aliases

Have you used any other names or aliases in the last seven (7) years?  Yes  No If Yes, please list any/all such names.

Different first and/or last name?	Previous name
<input type="checkbox"/> First <input type="checkbox"/> Last	
<input type="checkbox"/> First <input type="checkbox"/> Last	
<input type="checkbox"/> First <input type="checkbox"/> Last	

## SECTION 2: APPOINTMENT INFORMATION

Type of appointment  Subagent  Firm/Agency  Agent  
 Is firm/agency incorporated?  Yes  No  
 If Yes, type of corporation:  Sole proprietor  LLC  LLP  S-Corporation

All Exchange business must be submitted under the same assignment. If this is your only assignment, this will be your Exchange relationship. CA, CO, NV, GA and NY allow more than one assignment at a time. CT, IN, KY, ME, MO, NH, OH, VA and WI allow only one assignment at a time. Do you authorize for this to be your Exchange relationship on this new assignment?

Yes  No

## SECTION 3: COMMISSION ASSIGNMENT – Complete this section if commissions are to be assigned to an agency or corporation.

Agency name	Agency tax ID no.	Agency principal name		
Agency business address	City	State	ZIP code	County
Agency physical location address (no P.O. box)	City	State	ZIP code	County
County	Agency fax no.			

## SECTION 4: COMMISSION HIERARCHY – If applicable

Brokerage general agency (BGA) name	BGA broker ID no. or BGA broker code
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**SECTION 11: AUTHORIZATION – Signature required**

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 Data Sheet* 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 qualifications for my appointment, I hereby consent to 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 Data Sheet* 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.

**For Maine Applicants Only**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**For New York Applicants Only**

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**I understand that I may sign this Acknowledgement and Authorization for Appointment manually or by electronic signature. Further, I understand that whether I sign manually or by electronic signature, the signature will have a legally binding effect on me or the agency on whose behalf I am signing.**

**I certify that I have read and understand the above information.**

Signature <b>X</b>	Date (MM/DD/YYYY)
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**Privacy Policy:** Your privacy is important to us. We do not sell or share any personal information contained in this document with any third parties, with exception of providing information to state or government agencies for the express use of obtaining licenses or licensing information. We reserve the right to disclose your personally identifiable information as required by law and/or to comply with a judicial proceeding, court order, or legal process served on our company. We shall not be held responsible for any personal information obtained illegally by a third party via fax, email, or other online transmittal.

I, \_\_\_\_\_ confirm and expressly approve, Agent Pipeline, Inc., its affiliates and/or assigns, to electronically submit my paper producer agreement, appointment and/or contract to Amerigroup, its affiliates and/or assigns. Said producer agreement, appointment and/or contract is legally binding and enforceable.

Agent/Agency Name: \_\_\_\_\_

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

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