Producer Appointment Data Sheet



Red border indicates required field.											
SECTION 1: PRODUCER INFORMATION											
First name		M.I. Last name					fix	Social Security no./Government ID no.			
Date of birth (MM/DD/YYYY)	National producer no. (NPN optional)			al)	Home phone no.				Home fax no. (optional)		
Producer business phone no.	I				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)			s below)	City			State	State ZIP code		County	
Physical location business mailing address (if different from business address			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 Ye	s, what language	(s) do yo	u speak?								
Previous names or aliases											
Have you used any other names or aliases	in the last seven	(7) years	s? 🗆 Y	es 🗆	No I	f Yes, please list any/all	such nar	nes.			
Different first and/or last name?				Previous name							
☐ First ☐ Last											
☐ First ☐ Last											
□ First □ Last											
SECTION 2: APPOINTMENT INFORMAT	ION										
Type of appointment ☐ Subagent ☐ Firm/Agency ☐ Agent			Is firm/agency incorporated?					LLP S-Corpor	P 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 \sum No											
SECTION 3: COMMISSION ASSIGNMEN	IT — Complete t	his sect	tion if co					-	.		
Agency name			Agency 1			tax ID no. Aş		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 5: PREVIOUS ADDRESSES											
				wo (2) years? \square Yes \square No on in the Remarks (section 10)							
Previous address			City		State	ZIP code	Co	ounty			
Previous address C					State	ZIP code	Co	punty			
SECTION 6: EMPLOYM	ENT HISTORY										
Have you been employed a	anywhere other than with yo I such employment history	ur current employer in	the last t	wo (2) years? Yes No) ection (section 1N)					
If Yes, please list any/all such employment history. Please enter any additional in Previous employer name				Start date							
Previous employer address				City	ZIP code						
Previous employer name	Previous employer name				Start date End date						
Previous employer address	Previous employer address				City State						
SECTION 7: LICENSE IN	IFORMATION										
	Residence license state				Residence license no.						
	Non regidence licence o	rata			Non roo	idanaa liaanaa na					
	Non-residence license s	:ate		Non-residence license no.							
SECTION 8: E&O POLIC	Y INFORMATION — Please	include a copy of yo	our decla	ration page or certificate w	rith app	lication					
Policy amount	Policy no.		Policy	carrier	Effective date		Expiration date				
SECTION 9: BUSINESS	PRACTICES										
		ned written explanati	ion with a	all relevant information and s	supporti	ng documents.					
a. Have you ever had an insurance license or appointment, or a securities registration, or an application for such, denied, suspended, canceled or revoked?			□No	g. Have you individually, or ha control over, filed a bankru of an involuntary bankrupt	□ Yes □ No						
h. Has any legal or regulatory hody ever sanctioned, censured			□No	h. Are there any unsatisfied j or liens against you?	☐ Yes ☐ No						
c. Has any state or federal regulatory agency or self-regulatory			□No	i. Are you in debt to any insurance company?				☐ Yes ☐ No			
d. Have you ever been subjected to an insurance or investment			□No	j. Have you ever been indicte or nolo contendere to any a minor traffic offense?							
e. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you?			□No	k. Are you currently party to any litigation or the subject of any investigations?				☐ Yes ☐ No			
f. Has an E&O carrier ever denied claims, paid claims, or canceled your coverage?			□No	Has any employer, insurance company, or securities, broker-dealer ever terminated your employment or contract, or permitted you to resign for any other reason than lack of sales?				□ Yes □ No			
SECTION 10: REMARKS	S — Enter any remarks or	additional informati	on from	sections 5, 6 and/or 7. Atta	ch addi	tional sheets, if	 necess	sary.			

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	Date (MM/DD/YYYY)
X	

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:/	