



Retailers Insurance Company
603 S. Washington Ave.
Lansing, MI 48933

Producer Appointment Request Form

Agency Name: _____

Note: A Producer Appointment Request Form and copy of license(s) must be submitted for each Producer, officer, principal or member involved in the solicitation, negotiation, or sale of business on behalf of the Retailers Insurance Company (the "Company").

I. PERSONAL INFORMATION

Full Legal Name: ___ Mr. ___ Mrs. ___ Ms. _____

Maiden or former name(s), if applicable: _____

Social Security Number: _____ Date of Birth: _____

Current Resident Address (no P.O. Boxes)

Street City State Zip

Mailing Address (if different): _____

Home Telephone Number: (____) _____ Cell Number(____) _____

Professional Designations: _____

II. Position with Agency Listed Above

Producer Position/Title (examples: Officer, Owner, Principal, Producer): _____ (Position/Title)

Street City State Zip

Email Address

I understand that if I am appointed to represent the Company, my appointment is based on my affiliation with the Agency listed above and subject to the terms of the written Agency Agreement the Agency has executed with the Company. My appointment automatically terminates upon my separation from the Agency, and/or upon the termination of the Agency Agreement between the Agency and the Company.

Initials

III. BACKGROUND INFORMATION (READ CAREFULLY. Background investigation may occur.)

- 1. Have you pled guilty, no contest or been convicted of any felony?
2. Has your insurance license ever been revoked, or surrendered, in any state?
3. Have you ever been fined, penalized, sanctioned or subject to any other disciplinary action...
4. Do you have delinquent unpaid debts, including, but not limited to, loans, tax liens...
5. Is there any pending complaint, investigation or proceeding that could result in a YES answer...
6. Have you been a party to any Errors and Omissions claims in the last five years?

If you have answered YES to any question, please provide complete details and appropriate documents.

Producer Appointment Request Form, cont.

IV. BACKGROUND VERIFICATION

I hereby authorize the Company to conduct a review of private and public sources to substantiate the statements made on this form prior to determining whether to make the requested appointment.

According to the Violent Crime Control and Law Enforcement Act of 1994, an Insurer is prohibited from willfully permitting an individual who has been convicted of any criminal felony involving dishonesty or a breach of trust to participate in the business of insurance. If the Company determines that my answers in section III of this form warrant a background investigation, I understand that I will be asked to provide an additional written authorization giving the Company permission to obtain an investigative consumer report(s). I understand that my refusal to sign the background acknowledgement will result in the Company declining my request for authorization to conduct business on the Company's behalf. In that event, I would not be allowed to solicit or service any business on the Company's behalf, or receive commission payments therefore.

I hereby verify the foregoing answers and statements. I authorize the Company to release, for purpose of processing my application for appointment, any information obtained to any Company affiliate or to the principal of the Agency recommending my appointment to the Company. I understand and agree that any misrepresentation of fact, whenever discovered, will be the basis for termination for cause of any such appointment. I hereby certify that I have never been convicted of a state or federal felony crime that would prohibit or disqualify me from participating in the business of insurance.

I agree to immediately notify the Company of any material changes in the above information.

APPLICANT PRODUCER SIGNATURE

DATE

V. AGENCY DUE DILIGENCE STATEMENT

To the best of my knowledge and belief, the applicant is of good character and the information provided herein by applicant is accurate and complete. I certify that our Agency has policies and procedures in place that: (a) require the applicant to fulfill the appropriate education, examination and training requirements for the specific states in which the applicant is requesting a license; (b) provide adequate supervision to the applicant including a review of risks written by the applicant when appropriate, in accordance with such policies and procedures; (c) prohibit the applicant from transacting the business of insurance until duly licensed and appointed; (d) require applicant to disclose, on an ongoing basis, any felony convictions, and (e) verify that the applicant has Errors and Omissions coverage required under the Agency Agreement between the Agency and the Company. I recommend the applicant's appointment.

I am aware of the Violent Crime Control and Law Enforcement Act of 1994 and the prohibition against employing anyone with a felony conviction involving dishonesty, a breach of trust, or an offense under 18 U.S.C. 1033.

AGENCY PRINCIPAL SIGNATURE

DATE

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