



Producer Appointment Request Form

Main Agency Name (as recorded by DIFS) _____

Agency Address _____

City _____ State _____ Zip _____

Personal Information

Full Legal Name Mr. Mrs. Ms. _____

Maiden / Former Name _____

Social Security Number _____ Date of Birth _____

State System ID# _____ NPN # _____

Current Resident Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

Professional Designation _____

Position / Title (Ex.: President / Producer / CSR / etc.) _____



603 South Washington Avenue
Lansing, MI 48933

Phone: 517.372.5656
Toll-free: 800.366.3699
Fax: 517.372.1303

Retailers.com
RetailersInsurance.com
BuyNearbyMI.com



Background Information

- 1. Yes No Have you pled guilty, no contest or been convicted of any felony?
- 2. Yes No Has your insurance license ever been revoked or surrendered in any state?
- 3. Yes No Have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or self-regulatory organization as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?
- 4. Yes No Do you have delinquent unpaid debts, including, but not limited to loans, tax liens, outstanding civil judgements, child support payments or alimony payments?
- 5. Yes No Is there any pending complaint, investigation or proceeding that could result in a YES answer to any of the previous questions?
- 6. Yes No Have you been a party to any Errors & Omissions claims in the last five years?

If you answered **Yes** to any question, please provide complete details and appropriate documents (use a separate page if necessary).

Background Verification

I hereby authorize Retailers Insurance Company (RIC) 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 RIC determines that my answers on this form warrant a background investigation, I understand that I will be asked to provide an additional written authorization giving RIC permission to obtain necessary investigative report(s). I understand that my refusal to sign the background acknowledgement may result in RIC declining my request for authorization to conduct business on RIC's behalf. In that event, I would not be allowed to solicit or service any business on RIC's behalf, or receive commission payments.

I hereby verify the foregoing answers and statements. I understand and agree that any misrepresentation of fact, whenever discovered, will be the basis for termination for cause of any such appointment.

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

APPLICANT PRODUCER SIGNATURE _____ DATE _____

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.

APPLICANT PRODUCER SIGNATURE _____ DATE _____

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 _____

Agency Appointment Request Form (3 of 3)

Employees at this Location

Employee 1 Name _____ Position _____
State System ID# _____ Telephone () _____
Email Address _____

Employee 2 Name _____ Position _____
State System ID# _____ Telephone () _____
Email Address _____

Employee 3 Name _____ Position _____
State System ID# _____ Telephone () _____
Email Address _____

Employee 4 Name _____ Position _____
State System ID# _____ Telephone () _____
Email Address _____

If additional names need to be added, please either copy this page or submit an employee roster with the above information.

Authorization to obtain background information from independent sources

If Retailers Insurance Company (RIC) deems it necessary to obtain additional background information from independent sources, the Agency authorizes all workers' compensation boards, industrial accident boards, corporations, companies, educational institutions, persons, or law enforcement agencies, to release all written and verbal information to RIC.

The Agency hereby verifies the foregoing answers and statements and declares that they were made under the penalties of perjury. The Agency authorizes RIC to release, for the purposes of processing the Agency's application for appointment, any information obtained to RIC affiliate or to the principal of the Agency executing this form.

AGENCY PRINCIPAL/OWNER SIGNATURE _____ DATE _____

AGENCY PRINCIPAL/NAME (Please print)

*Please return with a copy of the agency license



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