

ACORD 821 (2015/10) - Producer Information Form (PIF)

ACORD 821, Producer Information Form (PIF), is a standard form used to initiate a relationship between the Life, Annuity, Health and/or Property & Casualty producer and the carrier. This form is to be completed by a Producer and then sent to the Carrier. Some sections on this form may not be applicable to some carriers; therefore, Producers may need to contact the Carrier to verify the appropriate sections to complete.

In order to protect the organization from liability related to the background check process, certain steps should be followed.

These steps should be followed whether the subject is seeking employment, independent contractor or other type of position or relationship.

First, a stand-alone federal disclosure must be provided (ACORD 877). This disclosure does not need to be returned by the subject.

Second, if the subject resides or will perform services in California, an additional California disclosure must be required (ACORD 877 CA). The California disclosure has one area that needs to be completed. Specifically the exact scope of the investigation to be conducted needs to be delineated. If it is the basic criminal and credit checks as noted on the ACORD 821, a brief statement that the scope will be criminal and credit may be sufficient. This disclosure does not need to be returned by the subject.

Third, the Authorization for a background investigation must be a separate distribution from the disclosures and must be completed and returned by the subject (ACORD 876).

Please note that in some jurisdictions, such as California, additional disclosures may be required for credit checks. Insurers need to consult with counsel to ensure compliance with these requirements.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
FORM TYPE	New Contract	Check the box (if applicable): Indicates the purpose of this form is to request a new producer contract.
FORM TYPE	New Appointment	Check the box (if applicable): Indicates the purpose of this form is to request a new producer appointment.
FORM TYPE	Resident State	Enter code: The state or province code of the producer's resident license. As used here, the resident state in which the license was issued. Indicates if the producer is a resident of the state that issued the license.

FORM TYPE	Property	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Property.
FORM TYPE	Casualty	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Casualty.
FORM TYPE	Personal Lines	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Personal Lines.
FORM TYPE	Life	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Fixed Life.
FORM TYPE	Accident, Health & Sickness	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Accident, Health & Sickness.
FORM TYPE	Annuity	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Fixed Annuity.
FORM TYPE	Variable Life	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Variable Life.
FORM TYPE	Variable Annuity	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Variable Annuity.
FORM TYPE	LTC	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Long Term Care.
FORM TYPE	Surety	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Surety.
FORM TYPE	Limited Lines	Check the box (if applicable): Indicates the line of authority / business for the new appointment is for Limited Lines.
FORM TYPE	Other	Check the box (if applicable): Indicates the line of authority / business for the new appointment is based on a type other than those listed.
FORM TYPE	Other Description	Enter text: The description of the other line of business.
FORM TYPE	List County (ies)	Enter text: The named insured's physical address county name. As used here, applicable if requesting a non-resident appointment in Florida.
FORM TYPE		Enter text: The named insured's physical address county name. As used here, applicable if requesting a non-resident appointment in Florida.
FORM TYPE		Enter text: The named insured's physical address county name. As used here, applicable if requesting a non-resident appointment in Florida.
FORM TYPE		Enter text: The named insured's physical address county name. As used here, applicable if requesting a non-resident appointment in Florida.

FORM TYPE		Enter text: The named insured's physical address county name. As used here, applicable if requesting a non-resident appointment in Florida.
FORM TYPE		Enter text: The named insured's physical address county name. As used here, applicable if requesting a non-resident appointment in Florida.
FORM TYPE	Additional Appointment	Check the box (if applicable): Indicates the purpose of this form is to request an update to an existing producer appointment.
FORM TYPE	State(s)	Enter code: The state the license was issued in for the additional appointment.
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FORM TYPE	Demographic Change	Check the box (if applicable): Indicates the purpose of this form is to request a demographic change (address, name, etc.).
FORM TYPE	Termination	Check the box (if applicable): Indicates the purpose of this form is to request a termination.
FORM TYPE	Termination Date	Enter date: The requested termination date.
FORM TYPE	Termination Reason	Enter text: The reason for the producer appointment termination.
APPOINTMENT INFORMATION	Individual	Check the box (if applicable): Indicates the appointment is for an individual.
APPOINTMENT INFORMATION	Agency / Firm	Check the box (if applicable): Indicates the appointment is for an agency / firm.
APPOINTMENT INFORMATION	Sole Proprietor	Check the box (if applicable): Indicates the legal entity code for the producer is "Sole Proprietor".
APPOINTMENT INFORMATION	Corporation	Check the box (if applicable): Indicates the legal entity code for the producer is "Corporation".

APPOINTMENT INFORMATION	Partnership	Check the box (if applicable): Indicates the legal entity code for the producer is "Partnership".
APPOINTMENT INFORMATION	LLC	Check the box (if applicable): Indicates the legal entity code for the producer is "Limited Liability Company".
APPOINTMENT INFORMATION	LLP	Check the box (if applicable): Indicates the legal entity code for the producer is "Limited Liability Partnership".
FINRA REGISTRATION INFORMATION	FINRA Licensed / Registered? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if you are FINRA (Financial Industry Regulatory Authority) licensed / registered.
FINRA REGISTRATION INFORMATION	Series 6	Check the box (if applicable): Indicates the type of license is Series 6.
FINRA REGISTRATION INFORMATION	Series 7	Check the box (if applicable): Indicates the type of license is Series 7.
FINRA REGISTRATION INFORMATION	Series 63	Check the box (if applicable): Indicates the type of license is Series 63.
FINRA REGISTRATION INFORMATION	Series 65	Check the box (if applicable): Indicates the type of license is Series 65.
FINRA REGISTRATION INFORMATION	Series 66	Check the box (if applicable): Indicates the type of license is Series 66.
FINRA REGISTRATION INFORMATION	Other	Check the box (if applicable): Indicates the type of license is based on a type other than those listed.
FINRA REGISTRATION INFORMATION	Describe Other	Enter text: The other type of license.
FINRA REGISTRATION INFORMATION	Firm Affiliation	Enter text: The firm with whom you are affiliated.
FINRA REGISTRATION INFORMATION	Firm CRD #	Enter identifier: The Central Registration Depository (CRD) registration number issued to the Firm by the National Association of Securities Dealers (NASD).
FINRA REGISTRATION INFORMATION	Individual CRD #	Enter identifier: The Central Registration Depository (CRD) registration number issued to the individual by the National Association of Securities Dealers (NASD).
E&O POLICY INFORMATION	Policy Carrier	Enter text: The E&O insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
E&O POLICY INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the E&O policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.

E&O POLICY INFORMATION	Effective Date	Enter date: The effective date of the E&O policy. As used here, enter the date on which the policy commenced. (MM/DD/YYYY)
E&O POLICY INFORMATION	Expiration Date	Enter date: The expiration date of the E&O policy. As used here, enter the date on which the policy will terminate, unless renewed. (MM/DD/YYYY).
E&O POLICY INFORMATION	Policy Limit	Enter limit: The limit amount for each claim.
E&O POLICY INFORMATION	Aggregate	Enter limit: The aggregate limit amount.
INDIVIDUAL INFORMATION	Prefix	Enter text: Any phrase to precede the name which is not part of the actual name, such as "Dr." or "Mrs.".
INDIVIDUAL INFORMATION	First Name	Enter text: The first (given) name of the individual producer.
INDIVIDUAL INFORMATION	Middle Name	Enter text: The middle name or initial of the individual producer.
INDIVIDUAL INFORMATION	Last Name	Enter text: The last name (surname) of the individual producer.
INDIVIDUAL INFORMATION	Suffix	Enter text: The name suffix. For example, "Jr.", or "III".
INDIVIDUAL INFORMATION	Residence Address One	Enter text: The producer's physical address line one. As used here, this is the residence address street line 1.
INDIVIDUAL INFORMATION	Address Two	Enter text: The producer's physical address line two. As used here, this is the residence address street line 2.
INDIVIDUAL INFORMATION	City	Enter text: The producer's physical address city name. As used here, this is the residence city.
INDIVIDUAL INFORMATION	County	Enter text: The physical address county name of the producer / agency. As used here, this is the county of residence.
INDIVIDUAL INFORMATION	State	Enter code: The producer's physical address state or province code. As used here, this is the residence state.
INDIVIDUAL INFORMATION	Zip Code	Enter code: The producer's physical address postal code. As used here, this is the residence zip code.
INDIVIDUAL INFORMATION	Business Mailing Address Line One	Enter text: The mailing address line one of the producer / agency.
INDIVIDUAL INFORMATION	Address Line Two	Enter text: The mailing address line two of the producer / agency.
INDIVIDUAL INFORMATION	City	Enter text: The mailing address city name of the producer / agency.
INDIVIDUAL INFORMATION	State	Enter code: The mailing address state or province code of the producer / agency.
INDIVIDUAL INFORMATION	Zip Code	Enter code: The mailing address postal code of the producer / agency.
INDIVIDUAL INFORMATION	Birth Date	Enter date: The birth date of the producer in (MM/DD/YYYY format)

INDIVIDUAL INFORMATION	NPN#	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
INDIVIDUAL INFORMATION	Social Security #	Enter identifier: The producer's tax identification number. As used here, the individual's social security number.
INDIVIDUAL INFORMATION	Business Phone	Enter number: The phone number of the producer / agency. As used here, the business phone number of the individual.
INDIVIDUAL INFORMATION	Business Fax	Enter number: The producer's contact person's fax number. As used here, the business fax number of the individual.
INDIVIDUAL INFORMATION	Business Email Address	Enter text: The producer's contact person's e-mail address. As used here, the business e-mail address of the individual.
INDIVIDUAL INFORMATION	Prefix	Enter text: Any phrase to precede the name which is not part of the actual name, such as "Dr." or "Mrs.".
INDIVIDUAL INFORMATION	First Name	Enter text: The first (given) name of the individual producer.
INDIVIDUAL INFORMATION	Middle Name	Enter text: The middle name or initial of the individual producer.
INDIVIDUAL INFORMATION	Last Name	Enter text: The last name (surname) of the individual producer.
INDIVIDUAL INFORMATION	Suffix	Enter text: The name suffix. For example, "Jr.", or "III".
INDIVIDUAL INFORMATION	Alias	Check the box (if applicable): Indicates the individual producer's name type is an alias.
INDIVIDUAL INFORMATION	Maiden	Check the box (if applicable): Indicates the individual producer's name type is a maiden name.
INDIVIDUAL INFORMATION	Previous	Check the box (if applicable): Indicates the individual producer's name type is a previous name.
INDIVIDUAL INFORMATION	Prefix	Enter text: Any phrase to precede the name which is not part of the actual name, such as "Dr." or "Mrs.".
INDIVIDUAL INFORMATION	First Name	Enter text: The first (given) name of the individual producer.
INDIVIDUAL INFORMATION	Middle Name	Enter text: The middle name or initial of the individual producer.
INDIVIDUAL INFORMATION	Last Name	Enter text: The last name (surname) of the individual producer.
INDIVIDUAL INFORMATION	Suffix	Enter text: The name suffix. For example, "Jr.", or "III".
INDIVIDUAL INFORMATION	Alias	Check the box (if applicable): Indicates the individual producer's name type is an alias.
INDIVIDUAL INFORMATION	Maiden	Check the box (if applicable): Indicates the individual producer's name type is a maiden name.
INDIVIDUAL INFORMATION	Previous	Check the box (if applicable): Indicates the individual producer's name type is a previous name.
ASSIGNMENT OF COMMISSION	Agency / Firm	Check the box (if applicable): Indicates the assignment of commission is to an agency / firm.

ASSIGNMENT OF COMMISSION	Individual	Check the box (if applicable): Indicates the assignment of commission is to an individual.
ASSIGNMENT OF COMMISSION	Agency / Firm Producer Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
ASSIGNMENT OF COMMISSION	Writing Agent Number	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage). As used here, the writing agent's number.
AGENCY / FIRM	Name and Address	Enter text: The full name of the producer / agency.
AGENCY / FIRM	Address Line 1	Enter text: The producer's physical address line one. As used here, this is the business address line one.
AGENCY / FIRM	Address Line 2	Enter text: The producer's physical address line two. As used here, this is the business address line two.
AGENCY / FIRM	City	Enter text: The producer's physical address city name. As used here, this is the business address city name.
AGENCY / FIRM	State	Enter code: The producer's physical address state or province code. As used here, this is the business address state or province code.
AGENCY / FIRM	Zip Code	Enter code: The producer's physical address postal code. As used here, this is the business address postal code.
AGENCY / FIRM	Mailing Address	Enter text: The mailing address line one of the producer / agency.
AGENCY / FIRM	Mailing Address Line 2	Enter text: The mailing address line two of the producer / agency.
AGENCY / FIRM	City	Enter text: The mailing address city name of the producer / agency.
AGENCY / FIRM	State	Enter code: The mailing address state or province code of the producer / agency.
AGENCY / FIRM	Zip Code	Enter code: The mailing address postal code of the producer / agency.
AGENCY / FIRM	Designated Responsible Producer	Enter text: The Designated Responsible Producer (DRP). A DRP is a licensed producer responsible for the business entity's compliance with the insurance laws, rules and regulations of the state(s).
AGENCY / FIRM	NPN #	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
AGENCY / FIRM	Licensing Contact	Enter text: The name of the individual at the producer's establishment that is the primary contact.
AGENCY / FIRM	Contact Phone	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
AGENCY / FIRM	Contact Fax	Enter number: The producer's contact person's fax number.

AGENCY / FIRM	Contact Email	Enter text: The producer's contact person's e-mail address.
AGENCY / FIRM	Agency / Firm NPN #	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number. As used here the agency / firm National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR).
AGENCY / FIRM	FEIN	Enter identifier: The producer's tax identification number. As used here, the Federal Employer Identification Number (FEIN).
AGENCY / FIRM	Agency / Firm Producer Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
AGENCY / FIRM	Agency / Firm Website Address	Enter text: The website address for the producer / agency.
GENERAL AGENT (GA)	Name of General Agent	Enter text: The full name of the producer / agency. As used here, the name of the general agent.
GENERAL AGENT (GA)	Address Line 1	Enter text: The producer's physical address line one. As used here, the business address line one of the general agent.
GENERAL AGENT (GA)	Address Line 2	Enter text: The producer's physical address line two. As used here, the business address line two of the general agent.
GENERAL AGENT (GA)	City	Enter text: The producer's physical address city name. As used here, the business address city name of the general agent.
GENERAL AGENT (GA)	State	Enter code: The producer's physical address state or province code. As used here, the business address state or province code of the general agent.
GENERAL AGENT (GA)	Zip Code	Enter code: The producer's physical address postal code. As used here, the business address postal code of the general agent.
GENERAL AGENT (GA)	Mailing Address	Enter text: The mailing address line one of the producer / agency.
GENERAL AGENT (GA)	Mailing Address Line 2	Enter text: The mailing address line two of the producer / agency.
GENERAL AGENT (GA)	City	Enter text: The mailing address city name of the producer / agency.
GENERAL AGENT (GA)	State	Enter code: The mailing address state or province code of the producer / agency.
GENERAL AGENT (GA)	Zip Code	Enter code: The mailing address postal code of the producer / agency.
GENERAL AGENT (GA)	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
GENERAL AGENT (GA)	Contact Phone	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
GENERAL AGENT (GA)	Contact Fax	Enter number: The producer's contact person's fax number.

GENERAL AGENT (GA)	Contact Email	Enter text: The producer's contact person's e-mail address.
GENERAL AGENT (GA)	FEIN	Enter identifier: The producer's tax identification number. As used here, the Federal Employer Identification Number (FEIN).

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Section Name	Field Name	Description
INDIVIDUAL - BACKGROUND QUESTIONS	1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?"
INDIVIDUAL - BACKGROUND QUESTIONS	1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?"
INDIVIDUAL - BACKGROUND QUESTIONS	If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? Y, N or N/A	Enter code: Indicates the response to the question, "If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?" As used here, enter Y for a "Yes" response, input N for a "No" response or N/A if not applicable.
INDIVIDUAL - BACKGROUND QUESTIONS	If so, was consent granted? (Attach copy of 1033 consent approved by home state.) Y, N or N/A	Enter code: Indicates the response to the question, "If so, was consent granted?" As used here, enter Y for a "Yes" response, input N for a "No" response or N/A if not applicable.

INDIVIDUAL - BACKGROUND QUESTIONS	1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?"
INDIVIDUAL - BACKGROUND QUESTIONS	2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?"
INDIVIDUAL - BACKGROUND QUESTIONS	3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy hearing? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager or a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?"
INDIVIDUAL - BACKGROUND QUESTIONS	4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?"
INDIVIDUAL - BACKGROUND QUESTIONS	Jurisdiction(s)	Enter text: The jurisdiction(s) or state(s) to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement.

INDIVIDUAL - BACKGROUND QUESTIONS	5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?"
INDIVIDUAL - BACKGROUND QUESTIONS	6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?"
INDIVIDUAL - BACKGROUND QUESTIONS	7. Do you have a child support obligation in arrearage? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you have a child support obligation in arrearage?"
INDIVIDUAL - BACKGROUND QUESTIONS	# Months	Enter number: The number of months of child support arrearage.
INDIVIDUAL - BACKGROUND QUESTIONS	Are you currently subject to and in compliance with any repayment agreement? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are you currently subject to and in compliance with any repayment agreement?"
INDIVIDUAL - BACKGROUND QUESTIONS	Are you the subject of a child support related subpoena / warrant? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are you the subject of a child support related subpoena / warrant?"

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Section Name	Field Name	Description
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<p>BUSINESS ENTITY - BACKGROUND QUESTIONS</p>	<p>1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?</p>	<p>Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?"</p>
<p>BUSINESS ENTITY - BACKGROUND QUESTIONS</p>	<p>1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with, committing a felony? N/A, Y or N</p>	<p>Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with, committing a felony?"</p>
<p>BUSINESS ENTITY - BACKGROUND QUESTIONS</p>	<p>If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? Y, N or N/A</p>	<p>Enter code: Indicates the response to the question, "If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?" As used here, enter Y for a "Yes" response, input N for a "No" response or N/A if not applicable.</p>

INDIVIDUAL - BACKGROUND QUESTIONS	If so, was consent granted? (Attach copy of 1033 consent approved by home state.) Y, N or N/A	Enter code: Indicates the response to the question, "If so, was consent granted?" As used here, enter Y for a "Yes" response, input N for a "No" response or N/A if not applicable.
BUSINESS ENTITY - BACKGROUND QUESTIONS	1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?"
BUSINESS ENTITY - BACKGROUND QUESTIONS	2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Y/N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?"

BUSINESS ENTITY - BACKGROUND QUESTIONS	3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?"
BUSINESS ENTITY - BACKGROUND QUESTIONS	4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Y / N	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?"
BUSINESS ENTITY - BACKGROUND QUESTIONS	Identify the jurisdiction(s)	Enter text: The jurisdiction(s) or state(s) to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement.

BUSINESS ENTITY - BACKGROUND QUESTIONS	5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?"
BUSINESS ENTITY - BACKGROUND QUESTIONS	6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?"

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Section Name	Field Name	Description
SUPPORTING DOCUMENTS CHECKLIST	Supporting Documents for All "Yes" Responses	Check the box (if applicable): Indicates that supporting documents for all "Yes" responses are attached.
SUPPORTING DOCUMENTS CHECKLIST	W9	Check the box (if applicable): Indicates that the W9 document is attached.
SUPPORTING DOCUMENTS CHECKLIST	Errors & Omissions Certificate	Check the box (if applicable): Indicates that the Errors & Omissions certificates is attached.
SUPPORTING DOCUMENTS CHECKLIST	Agent Agreement	Check the box (if applicable): Indicates that the Agent Agreement is attached.
SUPPORTING DOCUMENTS CHECKLIST	Agency Agreement	Check the box (if applicable): Indicates the Agency Agreement is attached.

SUPPORTING DOCUMENTS CHECKLIST	Business Associate Agreement (BAA)	Check the box (if applicable): Indicates the Business Associate Agreement (BAA) is attached.
SUPPORTING DOCUMENTS CHECKLIST	Commission Agreement	Check the box (if applicable): Indicates the Commission Agreement is attached.
SUPPORTING DOCUMENTS CHECKLIST	EFT Bank Instruction with Voided Check	Check the box (if applicable): Indicates the EFT bank instruction document with voided check is attached.
SUPPORTING DOCUMENTS CHECKLIST	Assignments of Commissions	Check the box (if applicable): Indicates the Assignments of Commissions document is attached.
SUPPORTING DOCUMENTS CHECKLIST	Other	Check the box (if applicable): Indicates documentation other than those listed is attached.
SUPPORTING DOCUMENTS CHECKLIST	Other Description	Enter text: The description of the other documentation.
SUPPORTING DOCUMENTS CHECKLIST	LTC (8 hr Initial Partnership Training)	Check the box (if applicable): Indicates LTC (8 hour initial partnership training) document is attached.
SUPPORTING DOCUMENTS CHECKLIST	LTC (4 hr Ongoing Training)	Check the box (if applicable): Indicates LTC (4 hour ongoing training) document is attached.
SUPPORTING DOCUMENTS CHECKLIST	AML (Anti Money Laundering)	Check the box (if applicable): Indicates the AML (Anti Money Laundering) document is attached.
SUPPORTING DOCUMENTS CHECKLIST	Annuity Suitability	Check the box (if applicable): Indicates the Annuity Suitability document is attached.
SUPPORTING DOCUMENTS CHECKLIST	State Specific Requirements	Check the box (if applicable): Indicates state specific requirement documentation is attached.
SUPPORTING DOCUMENTS CHECKLIST	Company Specific Requirements	Check the box (if applicable): Indicates company specific documentation is attached.
SUPPORTING DOCUMENTS CHECKLIST	Other	Check the box (if applicable): Indicates documentation other than those listed is attached.
SUPPORTING DOCUMENTS CHECKLIST	Other Description	Enter text: The description of the other documentation.
REMARKS	Remarks	Enter text: The remarks text associated with the producer information form.
SIGNATURE	Signature of Individual Producer	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Full Legal Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.

SIGNATURE	Date	Enter date: The date the producer signed the form.
SIGNATURE	Signature of Designated Producer	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Full Legal Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
SIGNATURE	Title	Enter text: The title of the authorized representative of the agency.
SIGNATURE	Date	Enter date: The date the producer signed the form.