

## Safeco Insurance Individual Licensed Producer Application

### BACKGROUND INFORMATION QUESTIONNAIRE

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|--|---------------------------------|--------------------------------|
| 1) Have you filed for, or been discharged from any bankruptcy (including personal bankruptcy), insolvency or assignment for the benefit of creditors with a filing or discharge date, whichever is later, in the last five (5) years?  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 2) Do you have delinquent unpaid debts exceeding, in total, \$10,000? (Add together delinquent: Consumer debt, tax liens, loans, child support payments, alimony payments, civil judgments and other delinquent debt.)   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 3) With the exception of situations specific to continuing education, has your insurance license ever been suspended by, subject to a consent order from, revoked by, or surrendered to, any regulatory agency, or 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 or are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate? | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 4) With the exception of situations specific to continuing education, have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action?  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 5) Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 6) Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 7) Are you now the subject of any complaint, investigation, or proceeding that could result in a "Yes" answer to any of the previous questions?  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |

If answer to any question is YES, please attach complete details and appropriate documents such as official court records.

*"Information provided in this application is true and correct to the best of my knowledge.*

*Producer acknowledges that the insurer will rely on this information for contract and appointment purposes."*

**FULL NAME (please print):** \_\_\_\_\_

**EMAIL (please print):** \_\_\_\_\_

**NATIONAL PRODUCER NUMBER (NPN):** \_\_\_\_\_

**SOC. SEC. #:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**NOTE: Page 2 of this document must be completed by all individual producers who reside in one of the following states: AR, FL, GA, KY, ME, NC, OH, WV.**

## Individual Disclosure and Authorization for Consumer Reports

This form is used to conduct **Criminal** investigations for Individual Agents located in the following states:  
AR, FL, GA, KY, ME, NC, WV

This form is used to conduct Consumer **Credit** investigations for Individual Agents located in the following states:  
AR, FL, OH

### **DISCLOSURE**

In connection with your request for an appointment with **Safeco Insurance Company of America and/or its affiliates**, marketing under the companies of Safeco Insurance (hereafter referred to as **Company**), a consumer report or an investigative consumer report may be requested during the application process and if appointed, during your continued appointment with the Company. **This report may contain information on your individual consumer credit history as well as your individual state and federal criminal court history.** This notice is issued pursuant to the Fair Credit Reporting Act.

I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that I have the right to know if adverse action is being considered against me as a result of information contained in this report; that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, **Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, [www.applicantinsight.com](http://www.applicantinsight.com), 1-800-771-7703.** I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency.

### **AUTHORIZATION / RELEASE OF INFORMATION**

I have carefully read and understand the above disclosure. I hereby authorize the obtaining of consumer reports and investigative consumer reports at any time after receipt of this authorization. I authorize without reservation, any party or agency contacted by the Company or Applicant Insight, acting on behalf of Company, to furnish information about my credit and financial history as well as my state and federal criminal history. I understand information may be obtained from state, federal or local agencies, and public record or law enforcement agencies. I understand this authorization to release information includes, but is not limited to, matters of opinion relating to my character, ability, reputation, past performance and criminal record. I further authorize ongoing procurement of these reports at any time during my continued contract for services, unless specifically prohibited by state law. I voluntarily waive all recourse and release the above sources and firms, including the Company, from liability for complying with this authorization.

I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

Individual Name \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **IDENTIFICATION INFORMATION FOR CONSUMER REPORTING AGENCY**

Date of Birth \_\_\_\_\_ Other Name(s) Used in Past 6 Years \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ NPN # (National Producer Number) \_\_\_\_\_

### **Individuals: (List all addresses during the past 6 years) and your business (agency) name:**

**Current Residence Address** \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)

**Previous Residence Address** \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)