

PRODUCER INFORMATION



Instructions: <u>Each individual producer must complete all sections</u>, sign and date a copy of this page. Please make copies if necessary. We may collect financial, historical, internal, external, social, and tracking information about you in order to provide service and for other purposes as explained on our website.

Note: Do not send this form to Foremost[®] via email unless your email provider is protected by the latest version of Transport Layer Security (TLS) encryption.

Please email or fax this completed form to Agency Contract Management - Email: acm@foremost.com • FAX: 616-956-4369 All requested information must be provided or the applicant will be denied.

	ency Name:						
Foremost / Bristol West Producer Code: *Required Field							
(Che	neck all that apply) I need authority to Sell/Solicit/Negotiate: 🔲 Auto 🔲 Specialty 🔲 Foremost Signature Auto and Home						
Busi	iness Address		City	Sta	ate 2	Zip	
Bus	iness Phone						
☐ I hereby verify that I am a third party administrator for the agency listed above.							
Prod	ducer Name	License Nu	ımber or Nationa	l Producer Number	D	ate of Birth	
Social Security Number E-Mail Address							
Resident Mailing Address		City Sta		ate Zip			
Background Information: If your answer is YES to any question, please provide a detailed explanation on the second page of this form.					CHECK ONE BOX ONLY FOR EACH QUESTION		
1.	Are you currently or have you ever had a license for any pr suspended, revoked, named in a complaint, canceled or no or censured by a state insurance department by any state	on-renewed	or have you ever		☐ Yes	☐ No	
2.	Have you ever had a contract or any other business relation	nship termir	nated for cause b	y an insurance carrier?	☐ Yes	☐ No	
3.	Do you have unpaid tax liens, collection items, child supported for, or been discharged from any bankruptcy during the past repossession or foreclosure?			-	☐ Yes	☐ No	
4.	Have you ever been convicted or, pled guilty or nolo conter you currently have pending misdemeanor or felony charges			demeanor, felony or do	☐ Yes	☐ No	

I hereby verify the foregoing statements and answers are true and accurate to the best of my knowledge.

Important Notice Regarding Consumer Reports: At any time, a consumer report or reports may be obtained from a consumer reporting agency(ies). If we take adverse action based on any information in the report(s), we will notify you in writing.

Consent for Consumer Report: I have read the Important Notice Regarding Consumer Reports above. I understand that by signing this consent form, I am authorizing you to obtain consumer reports. I also authorize you to release any information to my employer.

Consent for Use of Electronic Resources: I hereby verify that I have read and agree to the terms for Use for Electronic Resources.





EXPLANATION PAGE

Instructions: If you answered YES to any of the questions on page 1, please provide a detailed explanation in the provided space below. Attach a separate sheet of paper if more space is needed. (Explanations must be typed or printed legibly)

1.	Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, revoked, named in a complaint, canceled or non-renewed or have you ever been disciplined, fined or censured by a state insurance department by any state or regulatory body?
2.	Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier?
3.	Do you have unpaid tax liens, collection items, child support or outstanding civil judgments? Have you filed for, or been discharged from any bankruptcy during the past five (5) years? Have you ever been subject to a repossession or foreclosure?
4.	Have you ever been convicted or, pled guilty or nolo contendre (no contest) to any misdemeanor, felony or do you currently have pending misdemeanor or felony charges against you?