#### STATE OF ALABAMA - DEPARTMENT OF INSURANCE

This is an application for an Alabama resident to become licensed as an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$40 (\$20 application fee and \$20 license fee). Business entities must use the Application for Business Entity Producer License. Non-residents please use the NAIC Uniform Application for Individual Producer License.

Mail to: Alabama Department of Insurance P.O. Box 830704

P.O. Box 830704 Birmingham, Alabama 35283-0704

# **Application for Individual Producer License (Alabama Residents)**(Please Print or Type)

1 Soc. Security Number	2 If applicable, NASD Individual Central Registration Depository (CRD) Number								
(3) Are you affiliated with a financia	l institution/bank?								
Yes No									
4 Last Name	JR./SR. etc	5 First Nam	ie		6 M	iddle Nam	ie	7 Date of	Birth
								(month)_	(day) (year)
Residence/Home Address (Physic	cal Street)	9 P.O. Box	(1	City				1) State	2 Zip or Foreign Country
13 Home Phone Number	14 Gender (Circle One)	(15) Are you a							
( ) -	Male Female	Yes L	N					you a citizen' c authorizatio	
16 Business Name		•					1.7		,
17 Business Address (Physical Street	)	18 P.O. Box	(	9 City				20 State	21 Zip or Foreign Country
22 Business Phone Number	23 Business Fax Number		24) Busines	s E-Mail	Address	S	25	Business W	eb Site Address
( ) -	( ) -								
26 Applicant's Mailing Address		27 P.O. Box	E	8) City				29 State	30Zip or Foreign Country
31) Assumed Business Name/Trade N	ame		L					L	
	Age	ency or Busin	ess Entit	y Affili:	ations				
32 List your Insurance Agency Affili	ations: (Complete only if the	applicant is to b	e licensed	as an act	ive men	ber of the	business	s entity)	
Fein #	Name of Agency_								
Fein #									-
Fein #									
Fein#									
			ment Hi						<u>-</u>
33 Account for all time for the past fi	ve years. Give all employme				evious e	mployer w	orking b	ack five year	s. Include full and part-time
work, self-employment, military serv								-	
				Fro Month	m Year	To Month	Year		Position Held
Name									
City		State							
Name									
City		State			Г	ı	1		
Name		G							
City		State			I	ı	I		
Name		State							
City Name		State				ı			
City		State							
City		State							
									(State Us

### **Application for Individual Producer License (Alabama Residents)**

This is an application to become an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$40 (\$20 application fee and a \$20 license fee).

Please check the line(s) of authority for wh				
V – Variable Life/Variable Annuity *	L – Life *	P – Property *	C – Casualty *	CR – Credit
H – Accident & Health or Sickness (Disability) *	PL – Personal Lines *	A – Automobile *	<b>BB</b> – Bail Bond *	MC – Motor Club
IF – Industrial (debit) Fire *	RV – Rental Vehicle	<b>DS</b> – Dental Services	LS – Legal Services	
* You must first pass an examination before filing this a			sults must be attached.	
	Background Informat	ion		
33 The Applicant must read the following very carefully	and answer every question:			
1. Have you ever been convicted of, or are you currently  "Crime" includes a misdemeanor, felony or a  "Convicted" includes, but is not limited to, ha  nolo contendre, or having been given probation  If you answer yes, you must attach to this application a written statement explaining the circue  b) a copy of the charging document, and  c) a copy of the official document which described  a copy of the copy of	a military offense. You may aving been found guilty by v on, a suspended sentence or on: mstances of each incident,	exclude misdemeanor traffic c verdict of a judge or jury, havin a fine.	itations and juvenile offenses g entered a plea of guilty or	Yes No
<ol> <li>I am familiar with the federal law (18 U.S.C. 1033) w breach of trust from conducting the business of insurar person from conducting the business of insurance.</li> </ol>				Yes No
3. Have you or any business in which you are or were ar regarding any professional or occupational license?     "Involved" means having a license censured, or surrendering a license to resolve an admin arbitration proceeding which is related to a p denied or the act of withdrawing an application continuing education requirements or failure If you answer yes, you must attach to this application a written statement identifying the type of a copy of the Notice of Hearing or other to a copy of the official document which de	suspended, revoked, cancel istrative action. "Involved" rofessional or occupational lon to avoid a denial. You me to pay a renewal fee. on: f license and explaining the document that states the cha	ed, terminated; or, being assess also means being named as a picense. "Involved" also means any exclude terminations due so circumstances of each incident rges and allegations, and	sed a fine, placed on probationarty to an administrative or shaving a license application olely to noncompliance with	
Has any demand been made or judgment rendered agas subject to a bankruptcy proceeding?  If you answer yes, you must submit a statement sur and location of bankruptcy, including in your stateralso attach your sworn affidavit confirming that yo	mmarizing the details of the ment whether the judgment,	indebtedness and arrangements lien or bankruptcy involves the	s for repayment, and/or type	Yes No
5. Have you been notified by any jurisdiction to which y of a repayment agreement?	1 2		the subject	Yes No
If you answer yes, identify the jurisdiction(s):				
6. Are you currently a party to, or have you ever been fo misappropriation or conversion of funds, misrepresen			ng allegations of fraud,	Yes No
If you answer yes, you must attach to this applicati  a) a written statement summarizing the deta  b) a copy of the Petition, Complaint or other  c) a copy of the official document which de	ils of each incident, r document that commenced		ent.	
7. Have you or any business in which you are or were ar business relationship with an insurance company term			gency contract or any other	Yes No
a) a written statement summarizing the deta from receiving an insurance license, and b) copies of all relevant documents.		laining why you feel this incide	ent should not prevent you	
8. Do you have a child support obligation in arrearage?				Yes No
If you answer yes, by how many months are you in	arrearage?N	Months		
9. Are you the subject of a child support related subpoer	a or warrant?			Yes No
If you answer ves you must attach an explanation	to this application			

#### **Application for Individual Producer License (Alabama Residents)**

#### **Applicant's Certification and Attestation**

36 The Applicant must read the following very carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that
  submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the
  license and may subject me to civil or criminal penalties.
- 2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- 5. I authorize the State of Alabama to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.

		Month	Day	Year	_	Original Applican	t Signature	
						Full Legal Name (	(Printed or Typed)	
					Notary			
3	Before me, the undersign the foregoing instrument				named applicant	, who is known to me and	who acknowledged before me that he/she	signed
	IN WITNESS WHEREO	F, I have here	eunto set my	hand and official	seal, this	day of	, 20	
(SEA.	NOTARY PUBLIC				_			
	Date Commission Ex	pires						

#### Attachments

- The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
  - Check for \$40 payable to "Commissioner of Insurance, State of Alabama"
  - Original Examination Results, if applicable.
  - Attachments explaining "Yes" answers on page 2, if necessary.

Mail to: Alabama Department of Insurance P.O. Box 830704

Birmingham, Alabama 35283-0704.

STATE OF		
COUNTY OF		
SWORN AFFIDA	AVIT	
I,(Name)	under the pe	enalty
(Name) of perjury do hereby swear to or affirm the follo	wing facts:	
I declared Bankruptcy or have a judgement or in the	lien against me in the State e year of	e of
in the (State)	(Year)	<del></del>
2. None of the debts were monies owed to insurarelated to the business of insurance.	ance companies or policyho  APPLICANT	
	DATE	
Subscribed to and sworn to before me this	day of	, 20
NOTARY PUBLIC	My Commission Expire	
NOTAKT PUDLIC	wry Commission Expire	<b>⊽</b> S

\*PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.

PART A (TO BE)  Mark   the t		_	E INSURER) - PI orary Produce						Mark ⊠ (c	\no\:	□в	sident	
license reques	-		ce Representa	•	•		•		Wark 🖂 (C	nie).	_	n-Resid	ent
Company	Life	Accid	lent & Health or ness (Disability)	Variable	e Life and	Proper		Casualty*	Personal Lir	nes*	Indus	strial	Automobile*
MAIC No.			(=======,,	Variable	Annuities						(Debit)	Fire*	
Company Name													
#													
Company Name													
#		Τ											
Company Name													
#													
Company Name													
#		T											
Company Name													
	of an authorize	ed compar	y official, the above	-	Date of Appl	ication:							
application be lice or service repres	ensed and apposentative for t	ointed as a the above	cant described in thing temporary produced indicated line(s) of the control of th	er of					(Original signatu				ial)
investigated the clare satisfied that t	haracter and be the applicant is	ackground trustworth	of this applicant an y and qualified to ac representative, w	d et					(typed or printe	ed name	of compar	ny official)	
endorse the application character and we appointed as our	cant as being e desire that temporary pro-	of good be the applic ducer or se	usiness standing an ant be licensed an ervice representative	d d e,					(Address)				
U.S.C. § 1033) wh	hich prohibits a	anyone who	the federal law (1 to has been convicted breach of trust from	d					(City / state / zi	ip)			
conducting the bi	usiness of ins aw to willfully p	urance an permit a pr	d understand it is ohibited person from	a					(Telephone #)			(Fax #	<del>(</del> *)
PART B (TO BE C	COMPLETE	D BY TH	E APPLICANT) -	PLEASE T	YPE or PRINT	CLEARI	Υ						
1 Soc. Security 1	Number				2 If appl	icable, NA	SD Indiv	idual Centra	l Registration I	Deposi	tory (CRI	D) Numbe	er .
(3) Are you affilia	atad with a f	inanaial.	inatitution/honls?										
Yes		o $\square$	institution/bank?										
4 Last Name			JR./SR. etc		5 First Na	ame		6 Mid	ldle Name	7	Date of	Birth	
										(1	month)_	_ (day) _	(year)
Residence/Hor	me Address	(Physica	l Street)		<b>③</b> P.O. Bo	X	11 City			①	State	12Zip o	r Foreign Country
13 Home Phone N	Number		(14) Gender (Circ Male Fem		(5) Are you Yes	a Citizer	of the Ui	nited States? (If No, of w	(Check One)	re you	a citizen?	)	
16Business Name	<u>,</u>								must supply wo				
(924533455) 1 143316													
17 Business Addr	ess (Physica	l Street)			18 P.O. Bo	ЭX	19 City			20	) State	21)Zip o	r Foreign Country
22 Business Phon	e Number		Business Fax	Number		24 Busi	ness E-Ma	ail Address		23 Bu	siness We	eb Site Ad	dress
Applicant's M	ailing Addre	ess			② P.O. Bo	)x	② City		<u> </u>	@	State	30Zip o	r Foreign Country
31) Assumed Busi	ness Name/	Гrade Na	me				1						

INDIVIDUALUA	Agency or Business En			LINOLIAI	Olivitivi	INT, REGIDENT	JI NON-I	LOIDLINI
(32) List your Insura	ance Agency Affiliations: (Complete only if the applicant is to be license			nber of the	e business	entity)		
	Name of AgencyName of Agency							<del></del>
								<del></del>
	Name of AgencyName of Agency							<del></del>
1°CIII #								<del></del>
3 Give all employ	Employment I grant experience starting with your previous employer working back fit		nclude fi	ull and na	rt time wo	rk salf amployma	nt military	carvica
unemployment an	d full-time education.	ve years. 1	neruue n	ana pa	it-time wo	rk, sen-employme	int, minitar y	scrvicc,
		Fre Month	om Year	T Month	o Year	Posi	tion Held	
Name		Worth	Tear	Wionth	1 cai	1 051	tion riciu	
City	State		1		1			
Name								
City	State							
Name								
City	State							
Name								
City	State							
	Background Information							
34 The Applicant i	must read the following very carefully and answer every question:							
If you answe  a) a b) a c) a c) a  2. I am familiar w breach of trust i person from co 3. Have you or an regarding any p  "Invol- or surr arbitra denied continu  If you answe a) a v b) a c	icted" includes, but is not limited to, having been found guilty by verdice ontendre, or having been given probation, a suspended sentence or a fine or yes, you must attach to this application:  written statement explaining the circumstances of each incident, copy of the charging document, and copy of the official document which demonstrates the resolution of the with the federal law (18 U.S.C. 1033) which prohibits anyone who has been from conducting the business of insurance and understand that it is a violation of the business of insurance and understand that it is a violation of the business in which you are or were an owner, partner, officer or direct professional or occupational license?  Involved also tion proceeding which is related to a professional or occupational license for the act of withdrawing an application to avoid a denial. You may explain education requirements or failure to pay a renewal fee.  The yes, you must attach to this application:  written statement identifying the type of license and explaining the circum topy of the Notice of Hearing or other document that states the charges stopy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the copy of the official document which demonstrates the resolution of the	charges or een convict plation of the or ever bee erminated; means being se. "Involved colude term	any fina ed of a fo his statut n involve or, being gg named ed" also tinations	l judgmer elony invo e to willfu ed in an ac assessed las a party means ha due solely	olving dish illy permit dministrati a fine, place y to an adn ving a lice y to noncon	onesty or a a prohibited we proceeding eed on probation ninistrative or nse application	Yes Yes	
4. Has any deman subject to a ban If you answe and location also attach y	d been made or judgment rendered against you for overdue monies by a skruptcy proceeding? er yes, you must submit a statement summarizing the details of the independent of bankruptcy, including in your statement whether the judgment, lien our sworn affidavit confirming that your bankruptcy was not insurance notified by any jurisdiction to which you are applying of any delinquer	nn insurer, interest and insurer, interest and insurer, interest and interest and interest and insurer, in the	insured of arrang tey invol	or produce ements fo ves the bu	r, or have y	nt, and/or type	Yes	
If you answe	er yes, identify the jurisdiction(s):		-					
	tly a party to, or have you ever been found liable in, any lawsuit or arbiton or conversion of funds, misrepresentation or breach of fiduciary duty		eeding in	nvolving a	allegations	of fraud,	Yes	No
a) a v b) a c	er yes, you must attach to this application: written statement summarizing the details of each incident, copy of the Petition, Complaint or other document that commenced the copy of the official document which demonstrates the resolution of the							

FORM AL-1-TSR (11/2003) STATE OF ALABAMA - DEPARTMENT OF INSURANCE Page 3
INDIVIDUAL'S APPLICATION FOR TEMPORARY PRODUCER OR SERVICE REPRESENTATIVE LICENSE/APPOINTMENT, RESIDENT OR NON-RESIDENT

INDIVIDUAL'S APPLICATION FOR TEMPORARY PRODUCER OR SERVICE REPRESENTATIVE LICENSE/APPOINTME	NT, RESIDENT OR NON-F	RESIDENT				
7. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract business relationship with an insurance company terminated for any alleged misconduct?	t or any other Yes	_ No				
If you answer yes, you must attach to this application:  a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you receiving an insurance license, and  b) copies of all relevant documents.	ou from					
8. Do you have a child support obligation in arrearage?	Yes	No				
If you answer yes to Question 7, by how many months are you in arrearage? Months						
9. Are you the subject of a child support related subpoena or warrant?	Yes	_ No				
Applicant's Certification and Attestation						
The Applicant must read the following very carefully:						
1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.  2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.  3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.  4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.  5. I authorize the State of Alabama to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.  6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Alabama.   Month Day Year Original Applicant Signature  Full Legal Name (Printed or Typed)						
N. A.						
Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknow the foregoing instrument for the purposes therein contained.  IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this day of		she signed				
(SEAL)  NOTARY PUBLIC  Date Commission Expires						
Attachments						
Attuching						
The following attachments must accompany the application otherwise the application may be returned unprocessed or considerable and the second of the second	dered deficient.					
<ol> <li>Check payable to "Commissioner of Insurance, State of Alabama"</li> <li>Service Representatives must attach a copy of Prelicensing Course Certificate if not currently licensed.</li> </ol>						

#### INSTRUCTIONS:

- PLEASE TYPE OR PRINT. Application must be on Form AL-1-TSR (1/2002). This form may be reproduced. All previous revisions of this form are obsolete and, if received after February 15, 2002, will not be accepted.
- This form should be used by RESIDENTS and NON-RESIDENTS to apply for license/appointments as TEMPORARY PRODUCER or SERVICE REPRESENTATIVE.
   All signatures on the form must be original. No photocopies or facsimiles of signatures will be accepted. Acknowledgment by Notary Public must be current (not more than 6 months old) at time of receipt by Insurance Department. A current (less than 90 days old) letter of certification from home state is required with every non-resident service representative's application.
- 3. All applicants must complete Part B of this form.
- 3. After the Applicant has completed Part B, the insurer must then complete Part A. The insurer must carefully review the Applicant's answers to all questions, along with any and all attachments.
- 4. A company check or money order for temporary producer in the amount of \$70.00 or \$50.00 for a service representative <u>per insurer</u> must accompany this application. (See breakdown of fees below). The application will be returned without processing if not accompanied by the fees indicated. Make check or money order payable to "Commissioner of Insurance, State of Alabama." Applicants for temporary producer license do not submit an examination fee with this application, as they will receive information from the Insurance Department after this application is filed regarding when and how to pay the fees for examinations.

MAIL this completed application to: Producer Licensing Division Department of Insurance P. O. Box 830704 Birmingham, AL 35283-0704

CAUTION. Failure to mail to the P.O. Box listed above will delay the processing of your application.

#### **APPLICATION CHECKLIST - VERY IMPORTANT - PLEASE REVIEW**

- Sponsoring insurer(s) name and NAIC Number are shown.
  - Desired lines of insurance are marked.
  - Part A is signed by authorized official.
  - Applicant's full name is shown. NO INITIALS.
  - Part B is signed by applicant and notarized.
  - Applicant answered all questions in Part B (Yes, No or N/A).
  - If non-resident, current Letter of Certification from home state is enclosed
  - Personal checks are not accepted.
  - DO NOT send: Cover letter, paper clips, licenses or copies of licenses.

#### FEE SCHEDULE:

The following fees are due and payable <u>FOR EACH INSURER</u> listed in Part A, and should be attached to this application when submitted to the Insurance Department (one check or money order may be used for all fees combined):

	Resident and Non-Resident
TEMPORARY PRODUCER	
Application fee (for filing application for license/appointment, per insurer	
(for any and all lines, total)	\$20.00
<u>License</u> fee, per insurer	\$20.00
Notice of Appointment Fee, per insurer	<u>\$30.00</u>
TOTAL per insurer	\$70.00
SERVICE REPRESENTATIVES*	
Application fee (for filing application for license/appointment), per insurer	\$20.00
Appointment fee, per insurer	\$30.00
TOTAL per insurer	\$50.00

<sup>\*</sup> NOTE: The annual appointment renewal fee for the license listed above is the same as the initial licensing/appointment fee.

DO NOT INCLUDE AN EXAMINATION FEE WITH THIS APPLICATION. Temporary Producer License applicants are subject to an examination requirement and will receive information from the Insurance Department after this application is filed regarding when and how to pay the examination fee.

STATE OF		
COUNTY OF		
SWORN A	AFFIDAVIT	
I,(Name)	under the pena	lty of perjury do
hereby swear to or affirm the following facts:		
I declared Bankruptcy or have a judgement o     in the		
in the (State)	(Year)	
2. None of the debts were monies owed to insurrelated to the business of insurance.	rance companies or policyhold	ers/consumer
	APPLICAN	NT
	DATE	
Subscribed to and sworn to before me this	day of	, 20
NOTARY PUBLIC	My Commission	n Expires

\*PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.

#### NOTICE OF PRODUCER APPOINTMENT

Appointment Fee: \$30.00 (per Producer) (Multiple Producers)

For additional information, please visit: www.aldoi.gov

Mail to: Alabama Department of Insurance P. O. Box 830704

Indicate Amount Enclosed:	
---------------------------	--

Birmingham, Alabama 35283-0704		
Company NAIC# Company Name	Lines of Insurance: L - Life H - Accident & Health V - Variable (Life & Annuity) P - Property C - Casualty PL - Personal Lines A - Automobile	IF – Industrial Fire CR – Credit RV – Rental Vehicle LS – Legal Services DS – Dental Services MC – Motor Club BB – Bail Bond
The above-named insurer hereby provides notice that the individuals identified below have been appointed to represent said insurer for the lines of authority indicated below. We have investigated the character and background of these individuals and are satisfied the individuals are trustworthy and qualified to act as our producers, and we endorse the individuals as being of good business standing and character. We are familiar with the federal law (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.	☐ Employment Application ☐ B	ackground Investigation by insurer) ackground Investigation by outside firm)
<ul> <li>A company may appoint as many as 9 different prod</li> </ul>	lucers on this form	

- A company may appoint as many as 9 different producers on this form.
- Please give the social security number, name and license number for each producer the company is
- Also indicate line(s) of insurance for which the company is appointing by the letter(s) associated with that line.
- Please complete and return this form to the address above within 15 days from the date of appointment, which is either the date the agency contract is executed or the date the first insurance application is submitted, whichever occurs first. All producers listed on this form must have the same appointment date. Please indicate the appointment date here:

If you fail to include a date here, the date processed will become the date of appointment

ii you iaii to iiiolaao a	radio fioro, the date processed will become	to the date of appointment.	
SOCIAL SECURITY # or FEIN	NAME – LAST, JR/SR, FIRST, MIDDLE	ALABAMA PRODUCER LIC #	LINE(S)
Original Signature of Authorized Company Office	ial	Type or print name of authorized comp	oany official
Address		()Phone	
City/State/Zip	<del></del>	()	

Form AL-2B (11/2003)

PRODUCER

NAME:

## NOTICE OF PRODUCER APPOINTMENT (Multiple Insurers)

contract was executed or the date the first insurance application was submitted, which ever occurs first. Please indicate the appointment date here:

SECURITY # or FEIN \_\_\_\_\_

Please complete and return this form to the address above within 15 days from the date of appointment, which is either the date the agency

SOCIAL

For additional information, please visit: www.aldoi.gov

Mail to: Alabama Department of Insurance

If you fail to include a date here, the date processed will become the date of appointment.

Please indicate below the full name, social security number, and Alabama license number for the producer.

P. O. Box 830704

Last, Jr/Sr, First, Middle

Birmingham, Alabama 35283-0704

Appointment Fee: \$30.00	(per insurer)
--------------------------	---------------

Indicate amount enclosed: \$

PRODUCER LICENSE #

ALABAMA

n the grid	below, i	ndicate the insuranc	e company's N	AIC numbe	er, lines of a	uthority, and	d insurance co	mpany nam	e for eac	h insurer	appointing t	his produce	r.	
Company NAIC No.	Life	Accident & Health or Sickness (Disability)	Variable Life and Variable Annuities	Property	Casualty	Personal Lines	Automobile	Industrial (Debit) Fire	Credit	Rental Vehicle	Legal Services	Dental Services	Motor Club	Bail Bond
!														
Company Name														
•														
Company Jame														
•														
Company Jame														
!														
Company Jame														
Company Name														
ndividual in nsurers fo nvestigated are satisfied our produc	dentified r the lir d the ch d the in er, and	insurers hereby pabove has been apnes of authority indicaracter and backgroudividual is trustworth we endorse the indend character. We an	pointed to repre- cated above. und of this indiv y and qualified ividual as being	esent said We have ridual and to act as g of good	(Mark ⊠ DO NO ☐ Pers	as applicab OT LEAVE B conal Intervie	LANK.) w 🔲 Bao Inv	ckground estigation	ty	ped name of	thorized compar authorized comp			
aw (18 USC § 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. We understand it is a ciolation of this statute to willfully permit a prohibited person from conducting the business of insurance.				Appl	Employment (by insurer) Application Background Consumer Credit Investigation Report (by outside firm)			cit	address  city/state/zip					
					Othe	er (Please de	scribe)		te -	lephone no.		f	ax no.	

#### STATE OF ALABAMA - DEPARTMENT OF INSURANCE

This is an application for an Alabama business entity to become licensed as an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$70 (\$20 application fee and \$50 license fee). Individuals must use the Application for Individual Producer License. Non-Alabama business entities please use the NAIC Uniform Application for Business Entity Non-Resident License/Registration.

Mail to:

Alabama Department of Insurance
P.O. Box 830704

P.O. Box 830704 Birmingham, Alabama 35283-0704

# **Application for Business Entity Producer License (Alabama Domiciled Entities)**(Please Print or Type)

1 Business Entity Name	`		2 Incorporation/Forma	ntion Date	3 FEIN
				year)	-
4 DBA/Trade Name (if applicable)			5 State of Domicile	6 Country	of Domicile
① If applicable, NASD Firm Central	al Registration Depository (CRD) Number		business entity affiliated with Yes No	a financial ins	titution/bank?
9 Business Address		10 Cit	ty	1) State	1)Zip or Foreign Country
(3) Phone Number	(14) Fax Number	(13) Bu	siness Web Site Address	16 Busin	ess E-Mail Address
(7) Mailing Address	(8) P.O. Box	(1) Cit	ty	20 State	21)Zip or Foreign Country
	Design of all/Design		d Duadassa		
(22) Identify at least one Designated/R	<b>Designated/Respor</b> Responsible Licensed Producer (the designate			thority checked	d in Item 24 on page 2):
		- F	1		
Name	SSN		Alabama License	Number:	
	SSN				
	SSN				
Name	SSN		Alabama License	Number:	
Name	SSN_		Alabama License	Number:	
	Owners, Partners	, Officers and	d Directors		
23 Identify all owners, partners, office	cers and directors of the business entity:				
Name	Title			SSN	
Name	Title			SSN_	
Name	Title			SSN	
Name	Title			SSN	
Name	Title			SSN_	
Name	Title			SSN_	
Name	Title			SSN	
Name	Title			SSN	
Name	Title			SSN	
Name	Title			SSN	
Name	Title			SSN	
Name	Title			SSN	
					(State Use

Form AL-70 (11/2003)

## STATE OF ALABAMA – DEPARTMENT OF INSURANCE Application for Business Entity Producer License (Alabama-Domiciled Entities)

This is an application for Alabama business entities to become an Insurance Producer in the State of Alabama. This form must be accompanied with a fee of \$70 (\$20 application fee and \$50 license fee).

Please check the line(s) of authority for which you are applying:							
V – Variable Life/Variable Annuity	L – Life	<b>P</b> – Property	C – Casualty	CR – Credit			
H – Accident & Health or Sickness (Disability)	PL – Personal Lines	A – Automobile	BB – Bail Bond	MC – Motor Club			
IF – Industrial (debit) Fire	RV – Rental Vehicle	<b>DS</b> – Dental Services	LS – Legal Services				
The Designated/Responsible Licensed Producer(s) identified in Item 22 on page one of this application must be qualified for each of the above-checked lines.							

The Designated/Responsible Licensed Producer(s) identified in Item 22 on page one of this application must be qualified for each of the above-c	hecked lines.
Background Information  (25) Please read the following very carefully and answer every question:	
Please read the following very carefully and answer every question:	
1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?  "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.	Yes No
If you answer yes, you must attach to this application:  a) a written statement explaining the circumstances of each incident,  b) a copy of the charging document, and  c) a copy of the official document which demonstrates the resolution of the charges or any final judgment	
2. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.	Yes No
3. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	
If you answer yes, you must attach to this application:  a) a written statement identifying the type of license and explaining the circumstances of each incident,  b) a copy of the Notice of Hearing or other document that states the charges and allegations, and  c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.	
4. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?	Yes No
If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.	
5. Has the business entity or any owner, partner, officer or director 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?	Yes No
If you answer yes, identify the jurisdiction(s):	
6. Is the business entity or any owner, partner, officer or director 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?	Yes No
If you answer yes, you must attach to this application:  a) a written statement summarizing the details of each incident,  b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and  c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.	
7. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes No
If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents.	

Form AL-70 (11/2003)

### STATE OF ALABAMA - DEPARTMENT OF INSURANCE Application for Business Entity Producer License (Alabama-Domiciled Entities)

#### **Applicant's Certification and Attestation**

20 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or
- Where required by law, the business entity hereby designates the Commissioner of Insurance to be its agent for service of process regarding all insurance matters in the State of Alabama and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon the business
- The business entity grants permission to the Alabama Commissioner of Insurance to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- I authorize the State of Alabama to give any information it may have concerning this business entity to any federal, state or municipal agency, or any other organization and I release the State of Alabama and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such

	istered with the A			ws and regulations of the S	iate of Alabama.		
	d by an officer, di the business entity		ıcipal				
Month	Day		Year		Signature		
					Typed or Printed	Name	
					Title		
					Social Security N	Number	
					Address		
					City	State	Zip
		Month	Day	Year	Origin	nal Applicant Signature	
					Full L	Legal Name (Printed or Typed)	
				Notar	y		
	ne, the undersigned going instrument fo				licant, who is known	n to me and who acknowledged b	pefore me that he/she signed
IN WIT	NESS WHEREOF	, I have her	eunto set my ha	and and official seal, this _	day of _		, 20
(SEAL) NO	TARY PUBLIC						
Date	e Commission Exp	ires					
				Attachi	nents		
The follow	wing attachments n	nust accomp	oany the applica	ntion otherwise the applica	tion may be returned	d unprocessed or considered defic	eient.
	r \$70 payable to "Cents explaining "Ye			, State of Alabama" ecessary.			
P.O	bama Departmen D. Box 830704 mingham, Alaban						

Form AL-70 (11/2003)

## STATE OF ALABAMA – DEPARTMENT OF INSURANCE Application for Business Entity Producer License (Alabama-Domiciled Entities)

STATE OF		
COUNTY OF		
	SWORN AFFIDAVIT	
I,(Name) swear to or affirm the following facts:	under the penalty o	f perjury do hereby
I. I declared Bankruptcy or have a judgemen in		
(State)	the year of (Year)	
2. None of the debts were monies owed to in of insurance.	asurance companies or policyholders/co	onsumer related to the business
	DATE	-
Subscribed to and sworn to before me this _	day of	20
NOTARY PUBLIC	My Commission Expires	_

\*PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.