

NOTICE OF PRODUCER APPOINTMENT

(Multiple Producers)

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

Appointment Fee:
\$30.00 (per Producer)

Mail to: Alabama Department of Insurance
P. O. Box 830704
Birmingham, Alabama 35283-0704

Indicate Amount Enclosed: _____

Company NAIC# _____

Company Name _____

Lines of Insurance:

L – Life	IF – Industrial Fire
H – Accident & Health	CR – Credit
V – Variable (Life & Annuity)	RV – Rental Vehicle
P – Property	LS – Legal Services
C – Casualty	DS – Dental Services
PL – Personal Lines	MC – Motor Club
A – Automobile	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.

Our investigation consisted of the following:
Mark as applicable.
(DO NOT LEAVE BLANK)

<input type="checkbox"/> Personal Interview	<input type="checkbox"/> Background Investigation (by insurer)
<input type="checkbox"/> Employment Application	<input type="checkbox"/> Background Investigation (by outside firm)
<input type="checkbox"/> Consumer Credit Report	
<input type="checkbox"/> Other (Please describe) _____	

- Payment must be in the form of a company check and should be made payable to the Alabama Department of Insurance. **Personal checks and money orders will not be accepted.**
- A company may appoint as many as 9 different producers on this form.
- Please indicate below the National Producer Number or FEIN, full name, and Alabama license number for each producer the company is appointing.
- 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 and the total amount due 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 indicate a date, the date processed will become the date of appointment.

NPN or FEIN	NAME OF PRODUCER	ALABAMA PRODUCER LIC #	LINE(S)

Original Signature of
Authorized Company Official

Type or print name of Authorized Company Official

Address

(_____) _____
Phone

City/State/Zip

(_____) _____
FAX