

TEMPORARY PRODUCER APPOINTMENT

License/Appointment Fee:

(Multiple Producers)

\$90.00 (per Producer)

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

Mail to: Alabama Department of Insurance
 P. O. Box 303351
 Montgomery, Alabama 36130-3351

Indicate Amount Enclosed: _____

Company NAIC# _____

Company Name _____

Lines of Insurance:

- L** – Life
- H** – Accident & Health
- P** – Property
- C** – Casualty
- PL** – Personal Lines
- A** – Automobile
- IF** – Industrial Fire

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

Personal Interview Background Investigation (by insurer)

Employment Application Background Investigation (by outside firm)

Consumer Credit Report

Other (Please describe) _____

The above-named insurer hereby desires the individuals identified below to be appointed to represent said insurer for the lines of authority indicated below as Temporary Insurance Producers. 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.

- Payment must be in the form of a company check and should be made payable to "State of Alabama, Commissioner of Insurance." **Personal checks and money orders will not be accepted.**
- **Temporary Producers must first go to www.nipr.com and apply for an Alabama Temporary Producer License.**
- A company may appoint as many as 9 different Temporary Insurance Producers with this form.
- Please indicate the National Producer Number, 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.

NPN	NAME – LAST, JR/SR, FIRST, MIDDLE	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