



## Appointment Information Sheet

To comply with applicable laws and regulations, our contracting and appointment process will include a background investigation, which may contain information about your credit history, criminal history, insurance license history, general reputation, and your Central Registration Depository System history. Your signature below authorizes us, and any agent acting on our behalf, to conduct an investigation, now or anytime while you are associated with us, and releases us, and any party providing such information, from any liability whatsoever. A copy of this authorization shall be as valid as the original.

Agent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Must Appear As Shown On License)

Principal     Agent     CSR

Home Address \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Legal Business Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Tax ID# \_\_\_\_\_ (principals only)

1. Are you covered by your agency's Errors and Omissions policy? . . . . .  Yes  No
2. Have you ever been fined, suspended, placed on probation, reprimanded, or entered into a consent order or are you currently under investigation by any insurance department, the NASD, SEC, or any other regulatory authority? . . . . .  Yes  No
3. Have you ever had a bond denied or cancelled?. . . . .  Yes  No
4. Have you ever been convicted of any offense other than a minor traffic violation? . . . . .  Yes  No

**A No answer to question 1 or a Yes answer to questions 2 - 4 requires a written explanation to be attached.**

Under penalties of perjury, I certify that the information provided herein is current and that the numbers (SS# and/or Tax ID#) shown on this form are my correct Taxpayer Identification Number.

I understand that I may not solicit or bind coverage on behalf of Stillwater Insurance Services, Inc. until this appointment request has been approved, and all necessary paperwork has been submitted to the appropriate state insurance department.

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