



PRODUCER APPLICATION

| Producer Information | | | | | | |
|------------------------|------------|------------|---|--------|----------------|--|
| Last Name | | First Name | | | Middle Initial | |
| Residential Address | | | | | | |
| City | | State | ZIP Code | County | | |
| Home Phone | Cell Phone | | Birthdate | | Gender | |
| Social Security Number | | | If assigned, National Producer Number (NPN) | | | |
| Email Address | | | Personal Website Address | | | |

| Agency Information | | | | | | |
|--------------------|--|---|------------------------|-------------|--|--|
| Agency/Firm Name | | | | TAX I.D. #: | | |
| Business Address | | | | | | |
| City | | State | ZIP Code | County | | |
| Work Phone | | If assigned, National Producer Number (NPN) | | | | |
| Email Address | | | Agency Website Address | | | |

| Direct Upline (if not Managing General Agent or General Agent) | |
|--|-----------------|
| Name | Producer Number |

| MGA/GA | |
|--------|-----------------|
| Name | Producer Number |

| Compensation Type | |
|---|--|
| <input type="checkbox"/> Earned <input type="checkbox"/> Advanced (Your Direct Upline/MGA/GA must sign below if advanced compensation is requested.)* | |
| Signature of Direct Upline/MGA/GA | |

* Please be advised that advances are not available on all products. In addition, advances are not available to all distributions. Please check with your Upline to verify availability.

| Assignment of Compensation – I direct my compensation to be paid as follows: | | | |
|--|--|--|-----------------|
| Producer/Agency Name | | | SSN/TAX I.D. #: |
| Address | | | |
| City | | | State ZIP Code |

BACKGROUND

| | |
|--|--|
| 1. Do you carry Errors and Omissions Protection? If yes, please provide a copy of your policy. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been convicted of any criminal felony, involving fraud, dishonesty or a breach of trust? If yes, please provide explanation below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 3. Have you ever been convicted of an offense under the Violent Crime Control and Law Enforcement Act of 1994? If yes, please provide explanation below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| NOTE: "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 contendere or no contest, or having been given probation, a suspended sentence, or a fine. | |
| 4. Have you or the agency ever been subject to a complaint by a state or a provincial Insurance Department? If yes, please provide explanation, including state and date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 5. Have you or the agency ever been subject to disciplinary proceeding of any federal or state regulatory agency? If yes, please provide explanation, including state and date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 6. Have you or the agency ever been bankrupt or insolvent? If yes, please provide filing or discharge date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 7. Have you or the agency ever been refused any license applied for? If yes, please provide explanation, including state and date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 8. Has your license or the agency's license ever been cited, suspended or revoked by any state(s)? If yes, please provide explanation, including state and date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

BACKGROUND (cont.)

| | |
|--|--|
| 9. Has your appointment or the agency's appointment ever been terminated involuntarily by an insurance company for reasons other than lack of production? If yes, please provide explanation, including date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 10. Are there any outstanding judgments or liens (including state or federal tax liens) against you or the agency? If yes, please provide explanation, including date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| 11. Do you or the agency currently have any outstanding indebtedness to any carriers, affiliates or subsidiaries including those but not limited to the IHC Group? If yes, please provide explanation, including date below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

Check the state(s) and enter your license number(s) in which you want to be appointed in:

| | | | |
|-----------------------------|--|-----------------------------|--|
| <input type="checkbox"/> AK | | <input type="checkbox"/> MT | |
| <input type="checkbox"/> AL | | <input type="checkbox"/> NC | |
| <input type="checkbox"/> AR | | <input type="checkbox"/> ND | |
| <input type="checkbox"/> AZ | | <input type="checkbox"/> NE | |
| <input type="checkbox"/> CA | | <input type="checkbox"/> NH | |
| <input type="checkbox"/> CO | | <input type="checkbox"/> NJ | |
| <input type="checkbox"/> CT | | <input type="checkbox"/> NM | |
| <input type="checkbox"/> DC | | <input type="checkbox"/> NV | |
| <input type="checkbox"/> DE | | <input type="checkbox"/> NY | |
| <input type="checkbox"/> FL | | <input type="checkbox"/> OH | |
| <input type="checkbox"/> GA | | <input type="checkbox"/> OK | |
| <input type="checkbox"/> HI | | <input type="checkbox"/> OR | |
| <input type="checkbox"/> IA | | <input type="checkbox"/> PA | |
| <input type="checkbox"/> ID | | <input type="checkbox"/> RI | |
| <input type="checkbox"/> IL | | <input type="checkbox"/> SC | |
| <input type="checkbox"/> IN | | <input type="checkbox"/> SD | |
| <input type="checkbox"/> KS | | <input type="checkbox"/> TN | |
| <input type="checkbox"/> KY | | <input type="checkbox"/> TX | |
| <input type="checkbox"/> LA | | <input type="checkbox"/> UT | |
| <input type="checkbox"/> MA | | <input type="checkbox"/> VA | |
| <input type="checkbox"/> MD | | <input type="checkbox"/> VT | |
| <input type="checkbox"/> ME | | <input type="checkbox"/> WA | |
| <input type="checkbox"/> MI | | <input type="checkbox"/> WI | |
| <input type="checkbox"/> MN | | <input type="checkbox"/> WV | |
| <input type="checkbox"/> MO | | <input type="checkbox"/> WY | |
| <input type="checkbox"/> MS | | | |

Products will be set up based on the addenda that are submitted with your signed Producer Agreement.

CERTIFICATION/AUTHORIZATION

I certify, under penalty of perjury, that all answers and responses to questions or inquiries contained in this application are true, correct, and complete answers and responses. I further certify that I have read and am familiar with the sections of the insurance code in the state in which I am seeking appointment and that I am withholding no information that would affect my qualification for this appointment. I further certify that I am not prohibited by the Violent Crime Control and Law Enforcement Act of 1994 from engaging in the business of insurance or that I have obtained consent from the appropriate insurance regulator to do so. I further certify that the number shown on this form is the correct Social Security Number/Tax Identification Number for 1099 tax reporting and that I am not subject to backup withholding by the Internal Revenue Service.

I also authorize the Insurance Company; including IHC Carrier Solutions, Inc. and any of its Affiliates, and/or its designee as applicable to order an investigative report as may be required in compliance with the Public law 91-505 (Fair Credit Reporting Act). I understand that information for the report may be secured from financial sources, and/or public records, or personal interviews with third parties, such as family members, business associates, and/or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, mode of living, or educational background. I understand that I have the right to make a written request within a reasonable period of time to receive a complete and accurate disclosure of this information if I so desire.

All appointed producers must comply with all insurance laws, regulations and insurance department bulletins in the jurisdictions in which they are appointed. The applicant may not use, distribute, or publish any advertisement (as defined by the laws of the jurisdiction for which the applicant is appointed), solicitation material, or proposal that references the Insurance Company or any insurance company the Insurance Company represents, which has not been filed with and approved in writing by the Insurance Company. The applicant agrees to assist and cooperate with the Insurance Company regarding any and all insurance department inquiries, complaints, or investigations.

In the event of any conflict between the applicable Producer Agreement and this Producer Application, the Producer Agreement shall control. Nothing contained herein shall be deemed to limit the rights of the Insurance Company under the Producer Agreement.

| | |
|---------------------------|-------------|
| Producer Signature | Date |
|---------------------------|-------------|

Return completed form with copies of your current license(s) to your direct Upline.

In order to process your request without any delays, please return all contracting forms.

If you have any questions regarding the producer contracting forms or the contracting process, please contact your Direct Upline or