

Instructions: Each individual producer must complete all sections, sign and date this page. Please make copies if necessary.

We may collect financial, historical, internal, external, social, and tracking information about you in order to provide service and for other purposes as explained on our website.

Note: Do not send this form to Foremost® or Bristol West® via email unless your email platform is protected by the latest version of Transport Layer Security (TLS) encryption.

Please email or fax this completed form to Agency Contract Management - Email: acm@foremost.com • FAX: 616-956-4369
All requested information must be provided or the application for appointment will be denied.

Agency Name: _____

I need authority to Sell, Solicit and Negotiate (Check all that apply):

Bristol West® Auto Foremost Choice® Foremost Signature® Auto and Home

List all codes you need access to: _____

****Required field except for brand new agency appointments**

Business Address _____ City _____ State _____ ZIP _____

Business Phone _____

Producer Name _____ License Number or National Producer Number _____ Date of Birth _____

Social Security Number _____ E-mail Address _____

Resident Mailing Address _____ City _____ State _____ ZIP _____

Background Information: If your answer is Yes to any question, please provide a detailed explanation on the third page of this form.	CHECK ONE BOX ONLY FOR EACH QUESTION
1. Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, revoked, canceled or non-renewed, have you ever been named in a complaint, or have you ever been disciplined, fined or censured by a state insurance department or by any other state or regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have unpaid tax liens, collection items, child support or outstanding civil judgments? Have you filed for, or been discharged from any bankruptcy during the past five (5) years? Have you ever been subject to a repossession or foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted or, pled guilty or nolo contendere (no contest) to any misdemeanor or felony, or do you currently have misdemeanor or felony pending charges against you? * Pennsylvania applicants: You may exclude convictions that occurred more than seven (7) years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the seven (7) years.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important Notice Regarding Consumer Reports: At any time, a consumer report or reports may be obtained from a consumer reporting agency(ies) in connection with your application for appointment(s) and/or your ongoing appointment(s), in accordance with the Fair Credit Reporting Act. If any adverse action is taken based on any information in the report(s), a copy of the report and a summary of your rights will be provided to you.

Consent for Consumer Report: I have read the Important Notice Regarding Consumer Reports above. I understand that by signing this consent form, I am authorizing you to obtain consumer reports. I also authorize you to release any information to my employer.

Consent for Use of Electronic Resources: I hereby verify that I have read and agree to the [terms for Use](#) of Electronic Resources.

I hereby verify the foregoing statements and answers are true and accurate to the best of my knowledge.

	Signature	Date
---	-----------	------

**Note: We can accept scanned, uploaded, stamped and electronic pad signatures.
We will not accept a signature by typing one's name with a script font.**

Instructions: If you answered Yes to any of the questions on page 1, please provide a detailed explanation in the provided space below. Attach a separate sheet of paper if more space is needed. (Explanations must be typed or printed legibly)

- | |
|---|
| 1. Are you currently or have you ever had a license for any professional designation placed on probation, denied, suspended, canceled or non-renewed, have you ever been named in a complaint, or have you ever been disciplined, fined or censured by a state insurance department or by any other state or regulatory body? |
| 2. Have you ever had a contract or any other business relationship terminated for cause by an insurance carrier? |
| 3. Do you have unpaid tax liens, collection items, child support or outstanding civil judgments? Have you filed for, or been discharged from any bankruptcy during the past five (5) years? Have you ever been subject to a repossession or foreclosure? |
| 4. Have you ever been convicted or, pled guilty or nolo contendere (no contest) to any misdemeanor or, felony or do you currently have misdemeanor or felony charges pending against you? |