

AGENT/AGENCY APPOINTMENT REQUEST

AGENT NAME (Please include middle initial)		RESIDENCE ADDRESS	
CITY	STATE	ZIP	CELL PHONE

AGENCY NAME		AGENCY ADDRESS	
CITY	STATE	ZIP	AGENCY PHONE

NOTE: If Agency is *domiciled in CA*, form **E4111a, Community Service Statement**, must be included.

AGENT SOCIAL SECURITY #	AGENCY FEDERAL ID #
AGENT DATE OF BIRTH	AGENT EMAIL ADDRESS
PROGRAM NAME / LINE OF BUSINESS DIVISION	IS AGENT/AGENCY AFFILIATED WITH ANY OTHER SNI PROGRAMS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES LIST PROGRAMS

AGENT/AGENCY LINES OF INSURANCE AUTHORIZED:

PROPERTY CASUALTY SURETY SURPLUS LINES

LIST ALL STATES WITH LICENSE NUMBER AGENT/AGENCY NEEDS APPOINTMENT

(Agency & Agent license is required for each state an agent/producer wishes to sell/solicit/negotiate an insurance product on behalf of Southland National Insurance Company – please include with this form)

TYPE OF AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP	1. STATUS OF INDIVIDUAL WITH RESPECT TO AGENCY <input type="checkbox"/> OWNER/PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> REPRESENTATIVE 2. DESIGNATED PRODUCER ON AGENCY RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

Violent Crime Control and Law Enforcement Act of 1994 (“Act”)

CONSENT

Federal Law prohibits Insurance Companies from engaging the services of an individual convicted of certain types of felonies without the prior written consent of the relevant insurance regulatory offices. In response to the applicable Federal and State laws, Southland National Insurance Group, Inc. and its Insurance Company subsidiaries (collectively, the Company”), require a signed representation and statement from its business associates and persons being considered for association (MGA, TPA, Brokers or Agents) that they have not been convicted of a felony. The representation also authorizes the Company to obtain any and all background information including any necessary consumer report information.

Please complete the following questions and sign this Representation and Statement at the bottom.

1. Have you ever been convicted of a felony prohibited by the Act? NO YES
2. If you answered “YES”, for each felony conviction, in an attachment, please provide the following information:
Name noted in conviction, date of conviction, description of felony conviction, Case Number and Jurisdiction/Court location.

I hereby affirm that the above representation and attachments are true and may be relied upon by the Company.

I hereby authorize the Company to conduct the necessary background checks to verify information concerning felony convictions and to obtain any consumer report information considered necessary by the Company or required by any Federal or State law or Regulation at any time during the duration of the carrier and agency relationship.

Signature	Date
SUBMITTED BY	EXTENSION DATE