

Writing Agent/Producer Appointment Application for MGA's

A Writing Agent Appointment and Compensation Worksheet must be attached to process.



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AGENCY INFORMATION

1. MGA Name: _____ MGA Business No. _____

2. GA Name: _____ GA Business No. _____

INDIVIDUAL AGENT INFORMATION

3. Agent's Name (please print): _____ Nickname (optional) _____
4. Social Security Number: _____ 5. Date of Birth: _____

6. Resident Address:

STREET

CITY / STATE / ZIP
() ()
PHONE FAX

E-MAIL

7. Business Address (Optional):

STREET OR P.O. BOX (LIST ONLY ONE)

CITY / STATE / ZIP
() ()
BUSINESS PHONE FAX

E-MAIL

8. Resident License (copy MUST be attached):
State _____
License Type:
 Agent Broker Individual Corp Mbr

9. Non-Resident License (copy MUST be attached):
State _____
License Type:
 Agent Broker Individual Corp Mbr

10. Are you now or have you ever used any name other than shown in the preceding personal data? If yes, list names, dates and reason used: _____

11. Name of Errors and Omissions Carrier: _____

12. Fortis Insurance Company may use my name in newsletters/other materials that may be seen by the general public? Yes No

13. Have you ever been appointed with Fortis Insurance Company (previously known as Time Insurance Company);
 Yes No Agent Business No.(s): _____
Are you currently appointed with Fortis Financial Group? Yes No
If yes: Representative No.: _____

Company Use Only

Appointment Issue Date _____ Agent Business No. _____

BACKGROUND QUESTIONS

Provide details to any "YES" answers for questions 13-15 on an attached sheet if necessary.

14. Has your license ever been revoked/suspended or disciplinary action taken against you by a regulatory agency? Yes No

15. Are you currently indebted to any insurance company or agency? Yes No
(Note: Fortis Is a Vector One subscriber. The Vector One System is a data base containing names of agents with a debit balance with other Vector One Subscribers.)

16. Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime involving moral turpitude? Yes No

17. List your residence address for past five years up to and including present date:
FROM (MO / YR) TO (MO / YR) ADDRESS CITY / STATE / ZIP PHONE

18. List all employers for past five years up to and including present date. Include dates, addresses, and positions:
FROM (MO / YR) TO (MO / YR) EMPLOYER NAME OR CORPORATION POSITION OR OCCUPATION FULL ADDRESS

FLORIDA AGENTS ONLY Complete the following question:

19. Are you employed by or associated with to any degree, directly or indirectly, a financial institution as defined in Section 626.988,F.S? Yes No

IMPORTANT INFORMATION

Fair Credit Act — I hereby authorize and request any present or former employer, police department, financial institution, insurance company, department of insurance, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for appointment as an insurance agent. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written agent application which I signed and applies to all companies, including any affiliated or import companies with which Fortis has a relationship, and products I may sell through that application.

Taxpayer Identification — Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number (TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

Please Note:
This application cannot be processed unless all questions have been answered and appropriate license copies are attached.

I represent that the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or misstatements may result in immediate cancellation of this appointment.

AGENT'S SIGNATURE DATE MGA SIGNATURE

Company Use Only