

PRODUCER APPOINTMENT PROFILE -GEORGIA

Attn: Compliance Department
 One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
 800.873.4552 ~ Fax: 610.617.7940 ~ agentlicensing@phly.com

Please type or print your answers. Use a separate sheet if necessary.

1. Name of Agency:
 DBA Name(s):

2. Business Address
 Street:
 City: County: State: Zip:

3. Mailing Address: (if different from above)
 Street:
 City: County: State: Zip:

4. Telephone: E-mail: Fax:

5. Primary Contact Person: Phone:
 Email address:

6. Corporation LLC Partnership Individual

7. FEIN/ Taxpayer ID: Year business established:

8. Is Agency engaged in, owned by, associated or affiliated with, or controlled by any other business interest? **If yes, please describe:** Yes No

9. National Producer Number (NPN):
 Look up your **Agency** NPN [here](#) or at www.nipr.com/PacNpnSearch.htm

AGENCY PRINCIPAL INFORMATION

1.	Name	Year Started in Insurance	Year Started w/ Agency	License Number	Social Security #	DOB

2. Primary Residence Address
 Street:
 City: County: State: Zip:

3. National Producer Number (NPN):
 Look up your **Individual** NPN [here](#) or at www.nipr.com/PacNpnSearch.htm

4. Have you ever been convicted of, plead guilty or no contest to a felony or a misdemeanor involving dishonesty or breach of trust? If yes, provide details. Yes No

5. Have you ever committed a violation of any state insurance law? If yes, provide details. Yes No

TO WHOM IT MAY CONCERN:

"I hereby authorize Philadelphia Insurance Companies, or its authorized representatives, to conduct such inquiries as necessary to verify all information contained in my application for program business with Philadelphia Insurance Companies. Said inquiries will include verification of previous employment, education, criminal conviction record, and the procurement of a consumer credit report."

Signature

Date

CONFIDENTIALITY

As part of its due diligence efforts, Philadelphia Insurance Companies requests individual social security numbers to perform background check inquiries.

Philadelphia Insurance Companies utilizes a third party vendor to perform these background check inquiries and does not share or use an individual's social security number with any other party or for any other reason.

OPERATIONS

1. Does your Agency write business outside your state of domicile? Yes No
If yes, which state(s):

2. Please check all states in which your Agency holds a valid license:

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

3. Does your Agency maintain Errors & Omissions coverage? **If yes, please complete the following:** Yes No
Insurance Company: _____
Limits:\$ _____ Deductible:\$ _____ Effective Dates: _____

4. Does your Agency maintain D&O and EPLI coverage? **If yes, please complete the following:** Yes No
Insurance Company: _____
Limits:\$ _____ Deductible:\$ _____ Effective Dates: _____

5. What is the current limit on your Agency Employee Dishonesty Coverage? *(minimum \$100,000 required)*
\$ _____ **BE SURE TO INCLUDE COPIES OF ALL INSURANCE DECLARATIONS PAGES**

6. Is there any pending or threatened litigation or judgment within the past five (5) years exceeding \$5,000 against any of your agents, brokers, or any of the principals? **If yes, please explain:** Yes No

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Signature of Agency Principal

Date

Printed/ Typed Name of Agency Principal

Agency Principal Phone Number

Agency Principal Email Address

**Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form**

I hereby authorize Philadelphia Insurance Companies to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Legal Name (Print/Type)

Address

City

State

Zip

Sex

Race

Date of Birth

SSN

Signature

Date

I _____ give consent to the above
Named to perform periodic criminal history background checks for the duration of my
employment with Philadelphia Insurance Companies.