

This form must be completed for any producer who will write business in any one of the following states:
AL, AR, FL, GA, KS, KY, MS, NC, OH, OK, PA, SC, and WV

Agency/Broker Code:		
Business Name:		
Producer Name:		
Social Security Number:	Date of Birth:	NPN:
Present Home Address:		Work Email:
Previous Home Address:		
Please check yes or no for each question and provide pertinent details for any question answered "yes" on a separate sheet		Yes No
1. In the last 5 years, have you filed for or been discharged from any bankruptcy (including personal bankruptcy), insolvency or assignment for the benefit of creditors.		<input type="checkbox"/> <input type="checkbox"/>
2. Do you have outstanding debts totaling over \$10,000 that are delinquent (add together tax liens, consumer debt, child support and/or alimony payments, civil judgments and all other past due debts)		<input type="checkbox"/> <input type="checkbox"/>
3. Have you ever been the subject of an administrative proceeding regarding any professional or occupational license that resulted in disciplinary action outside of continuing education compliance?		<input type="checkbox"/> <input type="checkbox"/>
4. Has your insurance license ever been suspended, revoked or surrendered by any regulatory agency, or have you ever been fined, penalized, sanctioned or subject to any other disciplinary action by a state or federal regulatory agency or are you currently under investigation as a result of your activities in the business of insurance, securities, banking, investment banking or real estate?		<input type="checkbox"/> <input type="checkbox"/>
5. Have you ever had an insurance producer contract or any other business relationship with an insurance carrier severed for any alleged misconduct		<input type="checkbox"/> <input type="checkbox"/>
6. Have you ever been convicted of, plead guilty or no contest to, or are you currently charged with or under investigation for any misdemeanor involving dishonesty or breach of trust or any felony?		<input type="checkbox"/> <input type="checkbox"/>
7. Are you currently the subject of any complaint, investigation or proceeding that could result in a "yes" answer to any of these questions?		<input type="checkbox"/> <input type="checkbox"/>

Disclosure/Authorization

In conjunction with entering into a business relationship with you, one or more insurance companies in the National General Insurance Group of Companies, hereinafter referred to as Company, may obtain one or more consumer reports on you. The reports may include information about your character, general reputation, personal characteristics and mode of living. To facilitate easy access to all information necessary, please complete, sign, and return this form.

I authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, education institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information to the Company. I release and agree to hold harmless each such person or entity from all liability and responsibility for doing so.

I also hereby certify that all of the information herein is accurate and complete. I acknowledge and agree that entering into a business relationship with the Company will, in part, be based on information found on or generated from this background information form, and any falsification, misrepresentation or omission of information from this form may result in the withholding, withdrawal from or the revocation of a business relationship with the Company whenever discovered.

I specifically authorize the Company to procure consumer reports on myself. I understand these consumer reports will contain information about my background, character, general reputation, personal characteristics and mode of living. I also understand I have the right to ask Company for a complete and accurate written disclosure of the nature and scope of such reports. This request must be made in writing within a reasonable time after signing this form. This authorization, in original or copy form, is valid now and any time in the future, until I revoke it in writing. I have retained a copy of this document.

Producer Name	Producer Signature	Date

ONLY applicable to California Producers

I wish to receive a copy of my Investigative Consumer Report per CA Investigative Consumer Reporting Agencies Act