

Specialty Insurance Agency, LLC

Agency Name: _____ Agency Code: _____

PRODUCER'S DECLARATION AND AUTHORIZATION

Specialty Insurance Agency, LLC ("PROGRAM MANAGER"), or the insurance companies it represents, may make a routine investigation concerning information on your character, general reputation, personal characteristics, and mode of living. Information on the nature and scope of any such inquiry, if made, is available to you upon written request. I hereby authorize the PROGRAM MANAGER to conduct any investigation deemed necessary to verify the answers to the questions on this Application. The Violent Crime Control and Law Enforcement Act of 1994 Title 18 U.S.C.A. Section 1033 and Section 1034 makes it a federal offense for an individual who has been convicted of any felony involving dishonesty or breach of trust to willfully engage in the business of insurance if those activities affect interstate commerce.

I understand this Producer Appointment Application ("Application") will become an integral part of my Program Manager - Producer Agreement, if such is issued. If my Application is accepted, I agree to comply with all the rules and regulations of the PROGRAM MANAGER. I understand that falsification of any answer to a question on this Application is grounds for cancellation of my contract.

Signature of Owner(s)/Principal(s): _____ Date: _____

Attach as many copies of this page as necessary to cover all agents. Agents must sign to authorize investigation.

XX

Last Name First Name MI

Address

City State ZIP

Social Security # Date of Birth

Agent's Signature Date Phone Number

XX

Last Name First Name MI

Address

City State ZIP

Social Security # Date of Birth

Agent's Signature Date Phone Number

XX

Last Name First Name MI

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