

Request for
BROKER/PRODUCER APPOINTMENT



SECTION 1

BUSINESS CODE #: _____ FEDERAL TAX ID: _____

BUSINESS NAME: _____ PHONE #: _____

BUSINESS LOCATION: _____
Street City County State Zip

APPLICANT'S LEGAL NAME: _____ DOB _____
First Middle Last

WORK EMAIL: _____ JOB TITLE: _____

Are you a licensed broker/producer who will be selling, soliciting, or negotiating insurance on behalf of Westfield?
☐ **YES** *If yes, please complete Section 2* ☐ **NO** *Please return the form; that is all the information we need*

SECTION 2: Complete this section if you are a licensed broker/producer to be appointed with Westfield

SOCIAL SECURITY #: _____ ADDITIONAL NAMES USED: _____

NPN NATIONAL PRODUCER #: _____ RESIDENT STATE LICENSE #: _____

HOME ADDRESS: _____
Street City County State Zip # of Years

Note: *If less than five (5) years, include all other residence addresses during that time (Attach details if space is needed)*

Applicant is:

- ☐ Employee of Business *Individual working directly for Agency/Broker Firm which controls the details of how services are performed (typically receive a W-2)*
- ☐ Exclusive Independent Contractor for Business *not working for or receiving compensation from any other agency/broker firm. Copy of contract will be requested. (typically receive a 1099)*
- ☐ Other *Please provide explanation:*

Have you ever been employed by Westfield ☐ **NO** ☐ **YES** From: _____ To: _____

Have you ever been denied a request for appointment by Westfield? **NO** ☐ **YES** ☐

If yes, please explain:

List present employer and previous occupation(s) for past five years *(Attach details if additional space is needed):*

EMPLOYER	DATES (Start – End)	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 3: VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

The Violent Crime Control and Law Enforcement Act of 1994 (the 1994 Crime Act) makes it a federal crime to: (1) knowingly make false material statements in financial reports submitted to insurance regulators; (2) embezzle or misappropriate monies or funds of an insurance company; (3) make material false entries in the records of an insurance company in an effort to deceive officials of the company or regulators regarding the financial condition of the company; or (4) obstruct an investigation by an insurance regulator.

THE 1994 CRIME ACT ALSO MAKES IT A FEDERAL CRIME FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF A FELONY INVOLVING DISHONESTY, BREACH OF TRUST, OR ANY OF THE OFFENSES LISTED ABOVE TO WILLFULLY PARTICIPATE IN THE BUSINESS OF INSURANCE. WILLFULLY PARTICIPATING IN THE BUSINESS OF INSURANCE INCLUDES ACTING AS AN INSURANCE AGENT.

Penalties under the 1994 Crime Act include up to \$50,000 in fines per violation and 15 years' imprisonment.

1 | Have you EVER been convicted of any crime involving breach of trust or dishonesty,

or any crime under the 1994 Crime Act? (Only answer Question 2 if Question 1 is a "Yes")

☐

Yes**

☐

No

2 | Have you obtained the consent of the applicable insurance regulatory official in each

state where you sell insurance or otherwise participate in the insurance business?

☐

Yes***

☐

No

3 | Have you EVER been convicted of any crime, other than a Minor Traffic violation?

Minor traffic defined as: speeding, parking tickets, failure to wear a seatbelt,

Disobeying traffic lights or blocking the flow of traffic, moving violations such as

driving over yellow lines or making an illegal U-turn

☐

Yes**

☐

No

4 | Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?

☐

Yes****

☐

No

* Failure to answer these questions honestly can lead to denial of appointments.

** If yes to #1 or #3, please disclose information below for each such charge.

*** If yes to #2, please provide a copy of each consent you have received.

**** If yes to #4, please attach an explanation

Date of Arrest: _____ Criminal Charge: _____

Court Jurisdiction: _____ Date of Conviction: _____

Sentence: _____

Date: _____ Signature of Applicant: _____

I hereby acknowledge that Agency/Broker Firm shall be solely responsible for all acts or omissions committed by the Broker/Producer/Applicant while appointed to act on behalf of Westfield.

Date: _____ Signature of Authorized Officer/Owner: _____

Printed Name of Authorized Officer/Owner: _____

SECTION 4

DISCLOSURE AND AUTHORIZATION FORM

As a routine part of our due diligence effort, the Ohio Farmers Insurance Company or any company directly or indirectly owned by Ohio Farmers Insurance Company (hereinafter called the "Westfield®") may conduct a verification of your background. To ensure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to all information necessary, please read and sign this form.

By signing below, I authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance department, the NASD, and all military services "hereinafter "Provider") to release all written and verbal information about me to a credit reporting agency contracted by Westfield. I release and agree to hold each Provider harmless from all liability and responsibility for doing so as long as the written and verbal information about me released by the Provider is accurate and fully protected from unlawful dissemination.

I specifically understand and authorize the procurement of an investigative consumer credit report and understand that in all likelihood it will contain information about my background, mode of living, character, general reputation, and personal characteristics obtained through personal interviews with friends, neighbors and associates. I further understand that upon written request by me within a reasonable period after my receipt of this Disclosure, I will be given a list of the areas which will be researched and included in the investigative report into my background. Also, I may request a written summary of my rights under the Fair Credit Reporting Act.

I authorize Westfield® to exchange information and documents, including any investigative consumer report, with any of their affiliates. This release, in original or copy form, is valid now or any time in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

By signing below, I also state that I am an employee, or a contracted individual broker/producer (not working for, or receiving compensation from, any other non-related agency/broker firm), of the agency/broker firm on page one of this application at the time of signing.

Authorized Signature: _____ Date: _____

Printed Legal Name: _____

Social Security: _____ Date of Birth: _____

Other Names Used: _____

Home Address: _____