

## 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](mailto: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](http://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](http://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)

Address

City

State

Zip

Sex

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.