



**NATIONAL SECURITY
FIRE & CASUALTY COMPANY**

P.O. BOX 703 ELBA, ALABAMA 36323
334-897-2273 ext. 267 * 800-239-2358 * FAX 800-859-7544
www.nationalsecuritygroup.com

COMPANY USE	
Approval:	_____
Date:	_____
Agent No.:	_____
Letter:	_____
CC:	_____
Contract:	_____

AGENCY PROFILE AND APPLICATION FOR APPOINTMENT

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION IS NOT APPLICABLE, SO INDICATE (N/A). TYPE OR PRINT.

- AGENCY NAME: _____
 - OPERATES AS: _____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION
 - STREET ADDRESS: _____
MAILING (If different): _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
 - TELEPHONE NUMBER: _____ - _____ - _____ FAX NUMBER: _____ - _____ - _____
 - DATE AGENCY BEGAN: _____ 6. TOTAL NUMBER OF EMPLOYEES: _____ NUMBER OF PRODUCERS: _____
 - FED. TAX I.D. NUMBER: _____
 - GROSS WRITTEN PREMIUM LAST FISCAL YEAR (PROPERTY & CASUALTY ONLY): _____
 - PERCENTAGE OF BUSINESS PERSONAL LINES _____ %
 - ESTIMATE THE ANNUAL PREMIUM VOLUME WE CAN EXPECT FROM YOUR AGENCY: _____
 - WHICH NATIONAL SECURITY PROGRAMS ARE YOU REQUESTING?
_____ PROPERTY _____ NON-STANDARD AUTOMOBILE
(AVAILABLE IN AL, AR & MS)
 - DOES YOUR AGENCY SELL LIFE / HEALTH PRODUCTS? _____ YES _____ NO
 - WOULD YOU BE INTERESTED IN OUR LIFE MARKETING DEPARTMENT CONTACTING YOU?
_____ YES _____ NO (LIFE / HEALTH PRODUCTS AVAILABLE IN AL, GA, MS & SC)
 - A. WHAT COMPANIES DO YOU REPRESENT FOR THE LINES WE WRITE? (Please attach premium and loss figures)
- | | COMPANY | PHONE NO. | LINE | ANN. PREM. VOLUME |
|-----|---------|-----------|-------|-------------------|
| (1) | _____ | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ | _____ |

B. HAVE YOU LOST ANY COMPANIES FOR THESE LINES IN THE PAST YEAR? Yes _____ No _____
(If yes, provide information below and attach premium and loss figures)

Company	Phone No.	Line	Annual Premium Volume	Reason
_____	_____	_____	_____	_____

15. OTHER COMPANIES YOU REPRESENT (Include Phone Number and Name of Contact Person)

- A. _____
- B. _____
- C. _____

16. OWNERSHIP: FOR EACH PERSON WHO OWNS 25% OR MORE OF THE AGENCY FURNISH, IN THE FOLLOWING ORDER: FULL NAME , TITLE, % OF OWNERSHIP AND SOCIAL SECURITY NUMBER. IF MORE THAN 3 OWNERS, ATTACH SEPARATE SHEET.

- A. _____
- B. _____
- C. _____

17. DESCRIBE ANY CHANGES IN OWNERSHIP IN PAST THREE YEARS (ATTACH SEPARATE SHEET IF NEEDED).

18. HAS AGENCY OR ANY OWNER OR EMPLOYED LICENSED AGENT REPRESENTED **NATIONAL SECURITY FIRE & CASUALTY COMPANY, OMEGA ONE INSURANCE COMPANY OR NATIONAL SECURITY INSURANCE COMPANY** IN THE PAST? YES NO (IF YES, GIVE DETAILS) _____

19. A. HAVE ANY OWNERS OR PRINCIPALS EVER DECLARED BANKRUPTCY, BEEN CONVICTED OF A FELONY, OR HAD AGENTS LICNESE SUSPENDED? YES NO B. Any suits or judgments against agents or agency during last 5 years? YES NO (If yes on A. or B., please Explain - Attach separate sheet if needed).

20. DESCRIBE OTHER BUSINESS INTERESTS OF AGENCY OR OWNERS: _____

21. IS AGENCY AFFILIATED WITH BANK OR LENDING INSTITUTION? (IF SO, GIVE NAME AND ADDRESS)

22. MEMBER OF: IIA? _____ PIA? _____

23. E&O COVERAGE: COMPANY _____ POLICY NUMBER _____

EXP. DATE _____ POLICY LIMIT _____ DEDUCTIBLE _____

24. PROVIDE A PHOTOGRAPH OF AGENCY (OUTSIDE FRONT VIEW)

25. PROVIDE THE FOLLOWING INFORMATION FOR EACH AGENT TO BE APPOINTED. **We must have Items B, C and D for each owner.**

- A. COPY OF CURRENT INSURANCE LICENSE**
- B. SIGNED DISCLOSURE AND RELEASE FORM (SEE ATTACHED COPY) FORM # FCRA97-01**
- C. AGENTS APPLICATION FOR APPOINTMENT FORM (SEE ATTACHED) FORM # FC1038**
- D. GEORGIA AGENTS MUST INCLUDE A RELEASE OF LIABILITY/CONSENT FORM. (SEE ATTACHED COPY)**

THE UNDERSIGNED APPLICANT WARRANTS THE INFORMATION CONTAINED IN THIS APPLICATION TO BE TRUE.

SIGNED _____ PRINT NAME _____

TITLE _____ DATE _____



The National Security Group, Inc.

AGENT APPLICATION FOR APPOINTMENT

Company use
Approval: _____
Date: _____
Agent Number
Fire : _____
Life : _____

This application must be completed by each agent to be appointed by National Security. You may make copies if needed. National Security is required by the state insurance department to conduct an investigation into the background / character of each applicant. Part of the investigation will include obtaining consumer reports. The cost of the report is \$15 (for each agent appointed) and should be paid by the agent. Please attach a check to this application made payable to National Security Fire & Casualty Co.

GENERAL INFORMATION
1. Applicant's Full Name _____
2. Applicant's home street Address _____
Mailing (if different): _____
City _____ State _____ Zip _____ County _____
3. Social Security No. _____ 4. Date of Birth _____
5. P&C License Number _____ 6. Years working in P&C Insurance _____
7. E-mail Address _____
8. Do you want to be appointed to sell National Security Life / Health products? Yes No
(available in AL, GA, MS & SC)

BACKGROUND INFORMATION
9. Do you now or have you ever held an insurance license in another state. Yes No
If yes, which states? _____
10. Have you lived in other states? If so, list states and years?
11. Have you EVER declared bankruptcy? Yes No
12. Are there any outstanding judgments or liens (including state or federal tax liens) against you? Yes No
13. Have you EVER had your insurance license suspended? Yes No
14. Have you EVER been convicted of a felony involving dishonesty or a breach of trust? Yes No
Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance. If you answered yes to question number 14 you must attach a copy of court records, a copy of the pardon restoring your rights, and a 1033 waiver approval from your home state.

The undersigned applicant warrants the information contained in this application to be True.
Signed _____ Print Name _____
Agency _____ Date _____

(Continued on Back)

Complete this page ONLY IF you are requesting to be appointed by National Security Insurance Co. to sell life / health products. National Security's life / health products are available in AL, GA, MS & SC.

15. What companies do you represent for life / health? (include phone number)

	Company	Phone No.	Line	Annual Prem. Volume
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

16. Has any company withdrawn an agency life / health appointment within the last 5 years?
____Yes ____NO (If yes, complete section below)

Company	Phone No.	Line	Reason
_____	_____	_____	_____

17. Attach copy of current life, accident / sickness insurance license.

18. Should your life / health commissions be paid to an agency? ____Yes ____No
If yes, complete and sign the following.

I represent the insurance agency named below and commissions payable related to the activities of agents contracted by me representing the agency should be paid directly to the agency. Payment to the agency does not constitute or create a contractual relationship between the company and the agency or obligate the company to the agency to any extent. (Note: In order to receive the commission check, the agency must have a direct appointment with the Company.)

Agency Name _____

Agency Address _____
Street City State Zip Phone No.

Signature _____ Agency Tax I.D. Number _____



The National Security Group, Inc.

RELEASE FOR PROCUREMENT OF CREDIT REPORT

I understand that my credit report and files will be obtained during the course of a background investigation.

I authorize the procurement of my credit report.

(Please initial here) _____

Your Signature

I understand that if I am denied employment based upon the information provided in my credit file, that, upon request, a copy of my Credit Report and a copy of my rights under the Fair Credit Reporting Act will be provided to me. This release is valid for one (1) year from this date hereon.

Your Signature

Your Full Name, Typed or Printed

Your Address

Your City State Zip Code

_____/_____/_____
Social Security Number

_____/_____/_____
Date of Birth

THANK YOU