



Insuring your world.

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www.nationalsecuritygroup.com

**COMPANY USE**

Approval: \_\_\_\_\_  
Date: \_\_\_\_\_  
Agent No. \_\_\_\_\_

**AGENCY PROFILE AND APPLICATION FOR APPOINTMENT**

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

1. AGENCY NAME \_\_\_\_\_

2. OPERATES AS:                      PROPRIETORSHIP                      PARTNERSHIP                      CORPORATION

3. STREET ADDRESS: \_\_\_\_\_  
MAILING ADDRESS (if different) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

4. TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

5. DATE AGENCY BEGAN: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

6. TOTAL NUMBER OF EMPLOYEES \_\_\_\_\_ NUMBER OF PRODUCERS \_\_\_\_\_

7. FEDERAL TAX ID NUMBER: \_\_\_\_\_

8. TOTAL NEW / RENEWAL WRITTEN PREMIUM LAST YEAR (P&C ONLY): New \_\_\_\_\_ / Renewal \_\_\_\_\_

9. PERCENTAGE OF BUSINESS PERSONAL LINES \_\_\_\_\_ %

10. ESTIMATE THE ANNUAL PREMIUM VOLUME WE CAN EXPECT FROM YOUR AGENCY: \_\_\_\_\_

11. DOES YOUR AGENCY SELL LIFE / HEALTH PRODUCTS?                      YES                      NO

12. WOULD YOU BE INTERESTED IN OUR LIFE / HEALTH MARKETING DEPARTMENT CONTACTING YOU?  
YES                      NO (LIFE / HEALTH PRODUCTS AVAILABLE IN AL, GA, MS , SC & TN)

13. A. WHAT COMPANIES DO YOU REPRESENT FOR THE LINES WE WRITE?

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.)

COMPANY	PHONE NO.	LINE	ANN. PREM. VOLUME	REASON
_____				
_____				

14. OTHER COMPANIES YOU REPRESENT (Include phone number and name of contact person)

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

15. OWNERSHIP: FOR EACH PERSON WHO OWNS 25% OR MORE OF THE AGENCY FURNISH, IN THE FOLLOWING ORDER: FULL NAME, TITLE AND PERCENTAGE OF OWNERSHIP.

Name	Title	%
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. DESCRIBE ANY CHANGES IN OWNERSHIP IN PAST THREE YEARS.

\_\_\_\_\_

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

\_\_\_\_\_

18. A. HAVE ANY OWNERS OR PRINCIPALS EVER DECLARED BANKRUPTCY, BEEN CONVICTED OF A FELONY, OR HAD AGENTS LICENSE SUSPENDED?      YES      NO

B. ANY SUITS OR JUDGMENTS AGAINST AGENTS OR AGENCY DURING LAST 5 YEARS?      YES      NO  
(If "YES" to A or B please explain).

\_\_\_\_\_

19. DESCRIBE OTHER BUSINESS INTERESTS OF AGENCY OR OWNERS:

\_\_\_\_\_

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

\_\_\_\_\_

21. MEMBER OF: IIA      YES      NO      MEMBER OF: PIA      YES      NO

22. E&O COVERAGE: COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ POLICY LIMIT \_\_\_\_\_ DEDUCTIBLE \_\_\_\_\_

23. PROVIDE THE FOLLOWING INFORMATION FOR EACH AGENT TO BE APPOINTED. FULL NAME, EMAIL ADDRESS. WE WILL EMAIL EACH AGENT THE APPOINTMENT FORMS TO BE COMPLETED.

Name	Email
_____	_____
Name	Email
_____	_____
Name	Email
_____	_____
Name	Email
_____	_____
Name	Email
_____	_____

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

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

**SIGNED** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## AGENT APPLICATION FOR APPOINTMENT

Company Use	Agent Number
Approval: _____	Fire : _____
Date: _____	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.

### GENERAL INFORMATION

1. Applicant's Full Name \_\_\_\_\_
2. Applicant's Home Street Address \_\_\_\_\_  
Mailing (if different): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
3. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_
4. Social Security No. \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. State Producer License Number \_\_\_\_\_
7. National Producer Number (NPN) \_\_\_\_\_
8. Years working in P&C Insurance \_\_\_\_\_
9. Years working in Life/Health Insurance \_\_\_\_\_
10. E-mail Address \_\_\_\_\_

### BACKGROUND INFORMATION

11. Do you now or have you ever held an insurance license in another state. ☐ Yes ☐ No  
If yes, which states? \_\_\_\_\_
12. Have you lived in other states? ☐ Yes ☐ No  
If yes, list states and years ? \_\_\_\_\_
13. Have you EVER declared bankruptcy? ☐ Yes ☐ No
14. Are there any outstanding judgments or liens (including state or federal tax liens) against you? ☐ Yes ☐ No
15. Have you EVER had your insurance license suspended? ☐ Yes ☐ No
16. 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 16 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.**
17. Attach a copy of your current P&C insurance license. Also, if you wish to apply for an appointment to write National Security Life / Health products, you must attach a copy of your Life / Health insurance license.

**The undersigned applicant warrants the information contained in this application to be True.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_



**AGENT APPLICATION  
FOR  
APPOINTMENT**

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

**18.** Would you like to be appointed to sell National Security Life / Health products? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, you must complete the questions below. National Security life / health products are available in AL, GA, MS, SC, and TN.

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

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

**20.** 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
a.	_____			
b.	_____			

**Life / Health Commissions Paid to Agency Authorization**

**21.** 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

Agency Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Agency Tax I.D. Number \_\_\_\_\_

**RELEASE OF LIABILITY AND CONSENT FORM**  
***FOR PROCUREMENT OF CREDIT REPORT AND BACKGROUND INVESTIGATION***

I am aware that any omission, falsification, misstatement, or misrepresentation on my application may disqualify me for appointment consideration, and if I am appointed, that may be grounds for termination at a later date.

I understand that any information that I provide may be verified as allowed by law. I authorize the procurement of a credit report. I also authorize all persons and entities (including but not limited to: former employers and supervisors; businesses; corporations; credit reporting agencies; law enforcement agencies, including the State of Georgia; government agencies; educational institutions; and all military services) to release all verbal and all written information regarding my ability and fitness for consideration for appointment.

I hereby authorize Interstate Background Research, Inc. to receive any criminal history record pertaining to me found in the files of any law enforcement or criminal justice agency.

I realize that public record information may not be 100% accurate, and that I may be required to submit a fingerprint card for positive identification.

I release each individual and company from all liability, and from all responsibility for providing said information and / or records.

I understand that if I am denied appointment 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 request / release is valid for one (1) year from this date hereon.

\_\_\_\_\_  
Your Full name, typed or printed

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
Your City State Zip Code

\_\_\_\_\_  
\*Date of birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Signed

THANK YOU

\* May be deemed necessary to conduct a thorough criminal record search, in accordance with the "Code of Federal Regulations" Equal Employment Opportunity Commission Code 1625.5. The request for your date of birth does not indicate discrimination and the date request in itself is not a violation of the, "Age Discrimination Act." Your date of birth is requested for a permissible purpose and has been ruled a critical identifier for criminal and driving history information. Certain states will not conduct a criminal search without the date of birth.