

325 N. Saint Paul, Suite 900
 Dallas, Texas 75201
 tel 800.749.6419
 fax 254.730.9800



UNION GENERAL

*Sent on behalf of Union General Insurance Services, Inc.

Agency Name (as it appears on license)		DBA Name (if applicable)	
Agency Physical Address	City	State	County
Agency Mailing Address			
Agency FEIN	Office Phone	Office Fax	
Agency Email			
Agency Principal Name	NPN	SSN	DOB
Additional Producers to be appointed (add lines as needed)			
Full Name	NPN	SSN	DOB
Full Name	NPN	SSN	DOB
<p>Please include</p> <p>Current declaration page for E&O Coverage (Minimum 1,000,000 coverage)</p> <p>Agency and Agent License(s)</p> <p>Completed Background Authorization Form for agency principal and additional agents requesting appointment.</p> <p>Please return completed documents to licensing@natlloyds.com and cc: your assigned sales representative.</p> <p>Appointments will, in part, be based on this form and background information, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.</p>			



NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

This notice is being provided to you by the Company pursuant to the Fair Credit Reporting Act ("FCRA"). As used herein, "the Company" means the identified insurer (the insurer identified on this form) and its subsidiaries, affiliates, officers, employees, agents and representatives.

In connection with determining your eligibility for an insurance agent or producer license and/or your eligibility to be appointed or sponsored as an agent of the Company, and to maintain such license and appointment, in one or more states, the Company will from time to time conduct background checks. Such background checks may include the ordering of "consumer reports" from a "consumer reporting agency" containing information on your criminal and credit history. These terms are defined in the FCRA.

I acknowledge and agree that this Producer Appointment Form does not constitute a contract of any kind. I hereby authorize the Company and its authorized agents to investigate my background, references, character, past employment, education, criminal or police reports, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on this application and/or obtaining other information which may be material to my qualifications for my appointment. I hereby consent to the Company obtaining such information from time to time, as the Company, in its sole discretion, deems necessary. I further consent to the disclosure of the Producer Appointment Form and background information to government or regulatory agencies. I hereby release the Company, its authorized agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits relating to the information obtained from any and all of the above referenced sources, or from the furnishing of the same. This is a continuing authorization.

I understand that I am obligated to immediately report any event that changes any of the information, in any manner, which I have provided on this application.

I hereby certify that all of the information herein is accurate and complete. Finally, I acknowledge and agree that my appointment will, in part, be based on this Producer Appointment Form and background information, and any falsification, misrepresentation or omission of information from this form may result in the withholding or withdrawal of any offer of appointment or the revocation of appointment by the Company whenever discovered.

PRINT NAME_____

RESIDENTIAL STREET ADDRESS_____

CITY_____ **STATE**_____ **ZIP CODE**_____

DATE OF BIRTH_____ **SSN**_____

SIGNATURE_____ **DATE**_____



325 N. Saint Paul, Suite 900
Dallas, Texas 75201
tel 800.749.6419
fax 254.730.9800

Authorization Agreement for Deposits (ACH Credits/Debits)

INSTANT COMMISSION

I (we) hereby authorize National Lloyds Insurance Company/American Summit Insurance Company(NL/AM) to initiate credit/debit entries and to initiate if necessary, debit entries and adjustments for any credit entries made in error to the account indicated below and the depository named below to credit/debit the same to such account.

Bank Name_____

Routing Number_____

Accounting Number_____

This authority is to remain in full force and effect until NL/AM receives written notification from an authorized agency representative to terminate the agreement.

Agency Name_____ Agent Code_____

Email Address for Confirmation_____

Agency Authorized Representative Signature _____ Date_____

Please attach VOIDED CHECK here



325 N. Saint Paul, Suite 900
Dallas, Texas 75201
tel 800.749.6419
fax 254.730.9800

Authorization Agreement for Deposits (ACH Credits/Debits)

PAYMENTS IN OFFICE

I (we) hereby authorize National Lloyds Insurance Company/American Summit Insurance Company(NL/AM) to initiate credit/debit entries and to initiate if necessary, debit entries and adjustments for any credit entries made in error to the account indicated below and the depository named below to credit/debit the same to such account.

Bank Name_____

Routing Number_____

Accounting Number_____

This authority is to remain in full force and effect until NL/AM receives written notification from an authorized agency representative to terminate the agreement.

Agency Name_____ Agent Code_____

Email Address for Confirmation_____

Agency Authorized Representative Signature _____ Date_____

Please attach VOIDED CHECK here