Please Select License Type:

Adjuster

**Broker**

**Producer/Agent**

**Agency**

**Sole Proprietor**

**Sub Producer**

Licensing Analyst

Date Received

**Email Completed Transmittal Form to: Scottsdale\_Licensing2@americanreliable.com**

Licensing Contact at Agency

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name** | **Contact Email Address** | | **Contact Phone Number** |
|  |  | |  |
| **General Agent Name** | | **Sub Agent Number** | |
| Chris-Leef General Agency | |  | |

Agent Information Agency Information

|  |  |
| --- | --- |
| **Last Name, First, Middle Initial** | **Business Entity Name** |
|  |  |
| **Resident Address, Building or Apartment #** | **Location Identifier/Branch Number (if applicable)** |
|  |  |
| **City, State, Zip** | **Address** |
|  |  |
| **Social Security Number** | **Mailing Address** |
|  |  |
| **Date of Birth (mm/dd/yyyy)** | **City, State, Zip** |
|  |  |
| **Resident Telephone Number** | **Telephone Number** |
|  |  |
| **National Producer Number (NIPR)** | **Tax ID Number** |
|  |  |
| **Email Address (Please enter below)** |  |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select Contracted States Only & Provide Copy Of License(s) – Agent & Agency | | | | | | |
| Alabama | Alaska | Arizona | Arkansas | California | Colorado | Connecticut |
| Delaware | DC | Florida | Georgia | Hawaii | Idaho | Illinois |
| Indiana | Iowa | Kansas | Kentucky | Louisiana | Maryland | Maine |
| Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska |
| Nevada | New Hampshire | New Jersey | New Mexico | New York | North Carolina | North Dakota |
| Ohio | Oklahoma | Oregon | Pennsylvania | Rhode Island | South Carolina | South Dakota |
| Tennessee | Texas | Utah | Virginia | Vermont | Washington | Wisconsin |
| West Virginia | Wyoming | Other: |  |  |  |  |

Select Product & Underwriting Companies

**Appointing entity retains sole authority to terminate any appointments subject to applicable laws and regulations. \*Please refer to paragraphs 1&2 at the top of Page 2 for company abbreviation definitions.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ARIC** | **DSIC** | **PAIC** | **PSIC** | **UNIC** |
| Homeowners |  |  |  |  |  |
| Dwelling |  |  |  |  |  |
| Manufactured Home |  |  |  |  |  |
| Watercraft |  |  |  |  |  |
| Farm |  |  |  |  |  |

SIGNATURE AND AUTHORIZATION

American Reliable Insurance Company (ARIC), Diamond State Insurance Company (DSIC), Penn-American Insurance Company (PAIC), Penn Star Insurance Company (PSIC), United National Insurance Company (UNIC), their subsidiaries, and affiliates are herein collectively and individually referred to as “Global Indemnity”.

I understand that to process my application and to evaluate me for licensing purposes, initial state appointment or renewal of state appointments, I may be subject to an investigative consumer report ordered by Global Indemnity as required by certain states. I further understand that the investigative report may consist of credit reports; criminal record reports; regulatory inquiries, such as state insurance, banking or securities department inquires; SEC or NASD inquiries; and interviews with and inquiries to third parties, such as former employers, financial sources and others.

All Applicants: Do you have any criminal convictions other than traffic violations? Yes No

I understand that if I am a resident of Minnesota/Oklahoma (only) I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box.

Notice to California Candidates

You have a right to obtain a copy of any consumer report or investigate consumer report obtained by Global Indemnity by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated. I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I AUTHORIZE GLOBAL INDEMNITY TO CONDUCT ANY OR ALL OF THESE INQUIRIES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY GLOBAL INDEMNITY, ITS AGENTS, MEMBER COMPANIES AND/OR AFFILIATES TO FURNISH THE ABOVE-MENTIONED INFORMATION. I FURTHER AUTHORIZE GLOBAL INDEMNITY TO PROVIDE SUCH INVESTIGATIVE REPORT TO STATE OR OTHER GOVERNMENTAL REGULATORY BODIES FOR LICENSING, APPOINTMENT OR RENEWAL PURPOSES.

I AUTHORIZE GLOBAL INDEMNITY TO SUBMIT LICENSE APPLICATIONS TO THE STATE INSURANCE DEPARTMENTS ELECTRONICALLY ON MY BEHALF. FURTHERMORE, I UNDERSTAND GLOBAL INDEMNITY MAY REQUIRE ADDITIONAL INFORMATION FROM ME IN ORDER TO PROCESS MY APPLICATION IN THIS MANNER.

I hereby authorize procurement of consumer report(s). If appointed (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my appointment (or contract) period.

I hereby certify that I have reviewed this Licensing Data Transmittal Form and that the information is true, correct and complete. If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment. Appointing entity retains sole authority to terminate any appointments subject to applicable laws and regulations.

Agent’s Signature (Required)

Print Name Date (mm/dd/yyyy)