



1818 Marshall St. Shreveport, LA 71101
 P : (800) 234-0183 F : (318) 675-1722

Agency Contract Application

Instructions:

1. Complete and sign the application. Be sure to include your tax ID number or SS#. If you are contracting agents under your agency contract, you will need to complete an Agent Appointment Packet for each agent. Return the original application, a copy of your current Property & Casualty license, a completed W-9, copy of E&O coverage.
2. Complete all pages. Please TYPE or PRINT clearly. For assistance in completing this form or if you have any questions concerning contracting, please call **(318) 754-5289**. When completed, return it to State National Fire Insurance 1818 Marshall St., Shreveport, LA 71101, or email Sharon@statenationalfire.com
3. Once the application is received and approved by State National Fire Insurance, a contract and marketing supplies will be sent to you.

An Agency Contract Application must be received and approved in order for State National Fire Insurance to pay commissions to you or your agency.

SECTION 1: Agent, Corporation, or Agency Information.

Corporation or Agency Name or Last, First, M.I. Name:		Tax ID or SSN #:	
Address:	City:	State:	Zip:
Telephone # ()	Fax # ()	E-Mail Address:	
Contact Name:			
Is this entity a (circle): Individual Person Corporation Partnership Sole Proprietorship			
Is the Agent/Agency in good standing with the Department of Insurance? Yes / No		License #	
Year Established:	# of producers/csr's:		

An Agent Appointment Packet will be required for each agent under your agency contract.

If there are separate offices to be contracted each office must complete an application.

SECTION 2: Confidential History / Background Information

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

<p>1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? "Crime" includes a misdemeanor, a felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine. If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> • a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the 	Yes _____	No _____
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<ul style="list-style-type: none"> • circumstances of each incident, • a copy of the charging document, • a copy of the official document, which demonstrates the resolution of the charges or any final judgment. 		
<p>2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> • a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident, • a copy of the Notice of Hearing or other document that states the charges and allegations, and • a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	Yes _____	No _____
<p>3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	Yes _____	No _____
<p>4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	Yes _____	No _____
<p>5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment, and/or type and location of bankruptcy.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> • a written statement summarizing the details of each incident, • a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and • a copy of the official documents which demonstrates the resolution of the charges or any final judgment. 	Yes _____	No _____

<p>6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> • a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and • copies of all relevant documents. 	Yes _____	No _____
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SECTION 3: Signature Section

PLEASE NOTE THAT THIS COMPLETED APPLICATION MUST BE RECEIVED AND APPROVED BY STATE NATIONAL FIRE INSURANCE PRIOR TO PAYMENT OF COMMISSIONS TO ANY ENTITY OR INDIVIDUAL. AGENT AND AGENCY MUST BE LICENSED IN THE APPROPRIATE STATE(S) OR TERRITORY(S) BEFORE RECEIVING PAYMENT OF COMMISSION.

PLEASE ATTACH COPIES OF ALL CURRENT LICENSES. SNF WILL BE UNABLE TO PROCESS COMMISSIONS WITHOUT THIS COMPLETED APPLICATION AND APPROPRIATE STATE(S) LICENSES.

COMPLETED W-9 MUST BE SUBMITTED ALONG WITH THIS APPLICATION

Disclosure: In connection with my application for contract with State National Fire hereafter referred to as "the company". I understand that several investigative-consumer reports may be requested and may include information as to my character, general reputation, personal characteristics, mode of living, work habits, credit, academic-credential verification, job performance, experience and reasons for termination. Further I understand that you may be requesting information concerning my worker's compensation claims, motor vehicle operations history and criminal history from various private and public sources along with other public records available. I further acknowledge that a telephone facsimile (FAX) or photographic copy of this consent will be valid as the original. According to the Fair credit Reporting Act, I am entitled to receive a summary of my rights and have the right to request additional disclosures as follows:

Upon my written request to the company within a reasonable period of time after my receipt of this disclosure the company shall make a complete and accurate disclosure of the nature and scope of the investigation requested, along with the name, address and telephone number of the consumer reporting agency that provided the investigative consumer report to the company, and that this disclosure shall be made in writing and delivered to me no later than five days after the date on which the company receives my request or five days after I request the disclosure, whichever is later. I understand that I have the right to request a written summary of my rights under the FCRA.

I further understand and consent that in connection with that several investigative-consumer reports may be requested on me at any later time if I sign a contract with the Company.

If appointed, I agree to comply with and be bound by the terms of the Agent Contract and all of the guidelines, rules, bulletins, or other written instructions issued by State National Fire Insurance now in force or as they may be hereafter promulgated, amended or supplemented and all applicable laws and regulations of any insurance department or other government authorities having jurisdiction over State National Fire Insurance. If Agent is a corporation, an authorized officer must sign and indicate the officer's title.

Signature: _____
(Please Do Not Print)

Date: _____

Name: _____

Title (if Applicable) : _____