



Producer Information Form

INSTRUCTIONS:

STEP 1: Complete, sign, and date this form below. Please note that the term "you" or "your" refers to the entity or individual named below. Sign below at the bold **X**.

STEP 2: Enclose this form along with a copy of your **current life license** and a signed state appointment form (if necessary) and mail to your General Producer.

FOR SPEEDY SERVICE PLEASE PROVIDE

FAX #: () _____

Marketing Contact Name: _____

MGA Name: _____

MGA Address: _____

City: _____ State: _____ Zip: _____

PRODUCER INFORMATION

Please Print or Type

This is a request for the appointment of:

- 1. Producer Name: _____
- 2. Residence Address: _____
(if applicable)
City: _____ State: _____ Zip: _____
- 3. Residence Phone: () _____
- 4. Business Address: _____
City: _____ State: _____ Zip: _____
- 5. Business Phone: () _____
- 6. Business FAX: () _____
- 7. E-Mail Address: _____
- 8. Social Security #: _____
- 9. Date of Birth: _____
- 10. Res. State License #: _____
Copy of license and letter of certification (if applicable) required.
- 11. Additional state(s) in which you wish to be appointed
(and license numbers): _____

Copy of license and letter of certification (if applicable) required.

- 12. Have you ever had a contract with The St. Paul, USF&G or F&G Life?
 No Yes Producer Code: _____
- 13. Have you ever filed for bankruptcy?
 No Yes
- 14. Have you or your principals (including officers, directors, partners, members or shareholders) ever been refused an insurance or any other professional, occupational, or vocational license; or had any such license suspended, restricted or revoked?
 No Yes

- 15. Have you or your principals (including officers, directors, partners, members or shareholders) ever been fined or otherwise disciplined (including suspension, revocation, bar, censure or incurred a penalty of any kind) by an insurance regulatory authority or any other regulatory authority of any kind?
 No Yes
- 16. Have you or your principals (including officers, directors, partners, members or shareholders) ever been convicted or pled guilty or *nolo contendere* to a crime, felony or misdemeanor, other than a traffic violation, or are you now under indictment?
 No Yes
- 17. Are you currently the subject of any investigation, inquiry or proceeding before any insurance or other professional, occupational or vocational licensing or regulatory authority or association?
 No Yes

If you answered Yes to any question #13-17, please attach a statement of explanation.

18. Sex: Male Female

BY SIGNING BELOW, I HEREBY AUTHORIZE F&G LIFE TO (A) CONDUCT A BACKGROUND INVESTIGATION IF REQUIRED BY STATE INSURANCE CODES OR IF OTHERWISE DEEMED APPROPRIATE OR DESIRABLE BY F&G LIFE, AND (B) DISCLOSE THE RESULTS OF THE INVESTIGATION TO THE MASTER GENERAL PRODUCER, THE GENERAL PRODUCER AND/OR THE PRODUCER BY WHOM I WAS REFERRED TO F&G LIFE FOR APPOINTMENT.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ F&G LIFE'S MARKET CONDUCT GUIDE. I AGREE TO COMPLY WITH ALL PROVISIONS CONTAINED IN THE MARKET CONDUCT GUIDE, AS AMENDED FROM TIME TO TIME, AND ALL OTHER PRESENT AND FUTURE RULES, REGULATIONS AND DIRECTIVES OF ANY NATURE ISSUED BY F&G LIFE WITH RESPECT TO MARKET CONDUCT.

Signature: **X** _____

Date: _____

TO BE COMPLETED BY APPOINTING GENERAL PRODUCER (if applicable)

Signature of Authorized Producer: **X** _____ Date: _____

Name of Producer: _____ F&G Life Producer Code: _____

Home Office Use Only

Producer Code #: _____

