



DATE: \_\_\_\_\_

*IF YOU ARE THE AGENCY PRINCIPAL/OWNER, PLEASE COMPLETE SECTIONS 1,2 AND 3*

*IF YOU ARE NOT THE AGENCY PRINCIPAL/OWNER, PLEASE COMPLETE SECTION 2 (AND SECTION 3, IF LICENSED)*

**\*\*NOTE: ALL LICENSED AGENTS WITHIN THE OFFICE SHOULD COMPLETE AND RETURN THE FORM\*\***

## SECTION 1

NAME OF AGENCY (AS LICENSED): \_\_\_\_\_

DBA OR C/O (IF APPLICABLE): \_\_\_\_\_

AGENCY FEDERAL TAX ID: \_\_\_\_\_

AGENCY EMAIL ADDRESS: \_\_\_\_\_

E&O CARRIER: \_\_\_\_\_

E&O POLICY NUMBER: \_\_\_\_\_ E&O POLICY LIMITS: \_\_\_\_\_

E&O POLICY EFFECTIVE DATE: \_\_\_\_\_ E&O POLICY EXPIRATION DATE: \_\_\_\_\_

STATES WHERE AGENCY IS LICENSED: \_\_\_\_\_

NAME OF INDIVIDUAL WHO WILL ACCESS AGENCY REPORTS ONLINE: \_\_\_\_\_

EMAIL ADDRESS OF INDIVIDUAL: \_\_\_\_\_

A PROFILE ADMINISTRATOR (WHO MAY OR MAY NOT BE THE AGENCY PRINCIPAL/OWNER) MAY BE DESIGNATED FOR YOUR AGENCY. THIS IMPORTANT POSITION WILL CONTROL AND ADMINISTER THE SETUP OF EMPLOYEES IN YOUR OFFICE AND SUBPRODUCERS (IF APPLICABLE) WHO ARE GIVEN ACCESS TO YOUR POLICIES VIA MODERNLINK. THE PROFILE ADMINISTRATOR DETERMINES WHO WITHIN YOUR OFFICE WILL HAVE ACCESS TO POLICY INFORMATION (POLICY INQUIRY), FORMS (EFORMS) AND NEW BUSINESS QUOTING AND POLICY ISSUANCE FUNCTIONS (RATE/QUOTE & SUBMIT).

I PRINCIPAL (PRINTED NAME), \_\_\_\_\_ DO HEREBY SPECIFY THAT THE FOLLOWING PROFILE ADMINISTRATOR SHALL BE AUTHORIZED TO ACCESS THE AMERICAN MODERN AGENCY PORTAL FOR MY AGENCY:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WILL THE PROFILE ADMINISTRATOR SET UP SUBPRODUCERS?      YES      NO

SEND THE LOGIN CREDENTIALS TO THE:      PRINCIPAL      PROFILE ADMINISTRATOR

AMERICAN MODERN INSURANCE GROUP IS FURTHER AUTHORIZED TO TRANSMIT THE CREDENTIALS FOR MY AGENCY VIA

UNENCRYPTED EMAIL TRANSMISSION TO THE FOLLOWING EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_



**SECTION 2**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF AGENCY (AS LICENSED): \_\_\_\_\_

PRINCIPAL/OWNER OF AGENCY: \_\_\_\_\_

OFFICE LOCATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OFFICE MAILING ADDRESS (IF DIFFERENT FROM LOCATION ADDRESS): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGENCY PHONE #: \_\_\_\_\_ AGENCY FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

***IF YOU HOLD A VALID AGENT LICENSE, PLEASE COMPLETE THE FOLLOWING AND SIGN THE DISCLOSURE REGARDING CONSUMER REPORTS ON PAGE 3:***

RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ NPN (NATIONAL PRODUCER NUMBER): \_\_\_\_\_

LANGUAGES SPOKEN:	ENGLISH	SPANISH	CHINESE	VIETNAMESE
	JAPANESE	FILIPINO	KOREAN	OTHER _____

STATES WHERE LICENSED: \_\_\_\_\_

ANY ADDITIONAL COMMENTS FOR SETUP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3

### DISCLOSURE REGARDING CONSUMER REPORTS

Pursuant to the Fair Credit Reporting Act ("FCRA") (15 USC 1681b, 1681d), the following disclosure is required.

1. One or more of the affiliated companies of American Modern Insurance Group, Inc. (hereinafter "Company") may obtain a consumer report regarding you for the purpose of determining whether to enter into an agency relationship and/or to appoint you as our agent.
2. If you are appointed as an agent, the Company may obtain consumer reports concerning you from time to time, and may use the consumer reports in deciding whether to continue, revoke, or terminate your appointment as an agent, or to otherwise change the terms of the agency relationship with you.
3. The types of consumer reports the Company may obtain with respect to you include criminal background checks and credit reports.
4. Please fill in the information below and sign to indicate that you agree that we may obtain a consumer report regarding you. Note that prior to taking any adverse action, a copy of your consumer report and a summary of rights will be sent to the address listed below (or, if no address is listed below, the address that we have on file).

**Minnesota and Oklahoma residents only:** If you would like a copy of the consumer report prepared on you, please check this box:

**California residents only:** You may view the file on you by contacting Choicepoint (800-456-6004) or Employment Screening Associates (800-706-8848) during business hours. You may obtain a copy of this file at their office with proper ID and paying the costs to copy. You may be accompanied by one other person, provided that person has proper ID. You may make a written request to have your file sent to a specified address. Lastly, a summary of information will be provided by telephone, if you make a written request with the proper ID for disclosure.

### Applicant's Statement Regarding Consumer Reports

I have received and read the Disclosure Regarding Consumer Reports above, advising me that the Company may obtain consumer reports about me. I understand that the Company is not permitted to obtain such consumer reports unless I authorize it to do so.

By signing below, I authorize the Company to obtain consumer reports about me. I authorize and direct each and every consumer reporting agency to provide consumer reports about me to the Company at its request.

Dated: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Producer/Sub Number: \_\_\_\_\_