



## Agency/Agent Setup Form

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

**IF YOU ARE THE AGENCY PRINCIPAL/OWNER - PLEASE COMPLETE BOTH PAGES OF THE AGENCY/AGENT SETUP FORM AND THE APPLICANT'S STATEMENT REGARDING CONSUMER REPORTS**

**IF YOU ARE NOT THE AGENCY PRINCIPAL/OWNER - PLEASE COMPLETE PAGE 2 OF THE AGENCY/AGENT SET UP FORM AND THE APPLICANT'S STATEMENT REGARDING CONSUMER REPORTS IF LICENSED**

**PLEASE BE SURE TO READ THE DISCLOSURE REGARDING CONSUMER REPORTS**

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

**\*\* INFORMATION PROVIDED IN THIS FORM MAY BE USED BY THE COMPANIES OF AMERICAN MODERN TO FILE NOTICE OF APPOINTMENT WITH A STATE DEPARTMENT OF INSURANCE AS DETERMINED NECESSARY BY COMPANY \*\***

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: \_\_\_\_\_

Assigned sub code (if applicable): \_\_\_\_\_

**TO BE COMPLETED AND SIGNED BY THE AGENCY PRINCIPAL/OWNER:**

I, the undersigned, hereby represent that I, or my duly authorized representative, have affiliated all producers/agents that are required by law to be affiliated with the Agency. I further represent that I, or my duly authorized representative, will affiliate with the Agency any producers/agents that are required to be affiliated in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Agency/Agent Setup Form

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

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

GENDER: ☐ Male ☐ Female DATE OF BIRTH: \_\_\_\_\_

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

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 #: \_\_\_\_\_

Username for Single Sign On (if applicable): \_\_\_\_\_

**IF YOU HOLD A VALID AGENT LICENSE, PLEASE COMPLETE THE FOLLOWING, READ THE DISCLOSURE REGARDING CONSUMER REPORTS AND COMPLETE AND SIGN THE APPLICANT'S STATEMENT REGARDING CONSUMER REPORTS**

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: \_\_\_\_\_

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## 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 may include information on your character, general reputation, personal characteristics, and mode of living.
4. Please complete the Applicant's Statement Regarding Consumer Reports and sign to indicate that you agree that we may obtain a consumer report(s) regarding you. Note that prior to taking any adverse action, a copy of your consumer report(s) 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 General Information Services, Inc. ("GIS") 866-265-4917 during business hours and on reasonable notice. 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 who shall furnish reasonable identification. You may make a written request, with proper identification, to have your file sent by certified mail to a specified address; however GIS shall not be liable for disclosures to third parties caused by mishandling after such mailings leave GIS. A summary of information will be provided by telephone, if you make a written request with the proper ID for disclosure, and toll charges, if any, for such a telephone call shall be prepaid or charged directly to you. General Information Services, Inc.'s website is [www.geninfo.com](http://www.geninfo.com).



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## **Applicant's Statement Regarding Consumer Reports**

I have received and read the Disclosure Regarding Consumer Reports, 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: \_\_\_\_\_